



**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE & ADMINISTRATION  
DIVISION OF ACCOUNTS – SUPPLIER MAINTENANCE  
SDDA ACCESS FORM**

Should you have any questions or need assistance, contact Supplier Maintenance at 615-741-9745 or [FA.SupplierSupport@tn.gov](mailto:FA.SupplierSupport@tn.gov).

Suppliers use this form to request access to the Supplier Direct Deposit Authorization (SDDA) form. The SDDA form is completed by suppliers to add, change, or remove bank account information on file with the State of Tennessee.

**All fields on this form are required. If nonapplicable, enter N/A in the field(s).**

**SECTION 1: SUPPLIER INFORMATION**

*The information provided in this section must match the supplier information on file with the State of Tennessee or your request will be delayed.*

Name (as shown on your income tax return): \_\_\_\_\_

Business Name, if different from above: \_\_\_\_\_

Taxpayer Identification Number (TIN): \_\_\_\_\_

Select SSN (Social Security Number) or EIN (Employer Identification Number) for the TIN provided:      SSN or      EIN

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Provide the name(s) of the state department/agency you are receiving payments from or expecting to receive payments from:  
\_\_\_\_\_

**SECTION 2: REQUESTER’S INFORMATION – For SSNs, the requester and supplier must be the same.**

Name: \_\_\_\_\_

Title, if supplier is an entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION 3: SIGNATURE – Complete 1. or 2. below. Do not complete both.**

**1.** Click the digital signature box below to digitally sign the form. **You will not be able to make changes to the form after your digital signature has been applied.**

After digitally signing and saving the form, click the **Submit** button below to email the form to [FA.SupplierSupport@tn.gov](mailto:FA.SupplierSupport@tn.gov).

**2.** Print the form, hand sign below, then scan the form and email it to [FA.SupplierSupport@tn.gov](mailto:FA.SupplierSupport@tn.gov).

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**or**

*For internal use only:*