



Tennessee Housing Development Agency

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MEMORANDUM

TO: Recipients of a Section 1602/TCAP Conditional Commitment letter

FROM: Multifamily Development Division

DATE: November 6, 2009

SUBJECT: Disbursement of Funds

Following this memo are 2 forms:

1. ACH (Automated Clearing House) Credits authorization; and
2. Substitute W-9.

These forms are required in order for THDA to complete the setup process for the disbursement of Section 1602/TCAP funds. ***Please complete the 2 forms and return the fully completed and executed originals to THDA no later than 1:00 PM CT on Friday, November 13, 2009.***

Please be aware that although all recipients of a Section 1602/TCAP Conditional Commitment Letter are being required to submit an ACH Credits authorization, it may still be necessary for THDA to disburse funds via check.

If you have questions, please contact Terry Montgomery at 615/815-2146.



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
ACH (AUTOMATED CLEARING HOUSE) CREDITS (Not Wire Transfers)

NAME _____

Federal Identification Number or Social Security Number _____
 (under which you are doing business with the State.)

I (We) hereby authorize the State of Tennessee, hereafter called the STATE, to initiate credit entries to my (our) (select type of account) _____ CHECKING or _____ SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

This authority is to remain in full force and effect until the STATE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

 Do you currently receive payments from the State through ACH? _____ (Yes or No). If yes, do you intend for this account information to replace other existing account information currently used by the State? _____ (Yes or No). If yes, please specify the account that should be changed: ABA No. _____ Account No. _____
 Is this authorization only for certain types of payments? _____ (Yes or No). If yes, please indicate types:

 Many banking institutions use different numbers for ACH. Please call your bank for verification of ACH transit and account number.

Bank official contacted: _____ Phone No. _____

DEPOSITORY/BANK NAME _____ BRANCH _____

CITY _____ STATE _____

ACH TRANSIT / ABA NO. _____ ACCOUNT NO. _____

NAME(S) _____
 (Please print names of authorized account signatory)

DATE _____ SIGNED X _____ SIGNED X _____

PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE ADVICES ROUTED WHEN PAYMENTS ARE PROCESSED:

Contact name: _____
 Telephone no.: _____

FOR STATE USE ONLY:	
Contact Agency:	_____
Contact Person:	_____
Telephone No.:	_____

SUBSTITUTE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
 - 2) Joint account (two or more individuals)
 - 3) Custodian account of a minor
 - 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
 - 5) Sole proprietorship (using a social security number for the taxpayer ID)
 - 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
 - 7) A valid trust, estate, or pension trust
 - 8) Corporation
 - 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
 - 10) Partnership
 - 11) A broker or registered nominee
 - 12) Account with the U.S. Department of Agriculture in the name of a public entity that receives agricultural program payment
 - 13) Government agencies and organization that are tax-exempt under Internal Revenue Service guideline (i.e., IRC 501 (c)3 entities)
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3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).
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4. Sign and date the form:

Certification – Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____