



QCN Electronic Funds Transfer (EFT) Authorization Agreement

Active members of the Quality Contractor Network (QCN) in TVA's *EnergyRight Solutions* program are paid directly by TVA's financing partners. Please complete this form and return it as instructed below.

Part 1: REASON FOR SUBMISSION

- NEW EFT Enrollment Cancel EFT Enrollment
- Update Existing EFT Enrollment Update Contact Information

Part 2: ACCOUNT HOLDER INFORMATION

QCN Company Name _____ QCN # _____
 Street Address _____ City _____ State _____ ZIP _____
 Tax ID # _____

QCN Primary Contact

Name _____ Title _____
 Primary Phone _____ Secondary Phone _____ Fax _____
 E-Mail Address _____

QCN Secondary Contact

Name _____ Title _____
 Primary Phone _____ Secondary Phone _____ Fax _____
 E-Mail Address _____

Part 3: FINANCIAL INSTITUTION INFORMATION

Bank Name _____
 Street Address _____ City _____ State _____ ZIP _____
 Telephone Number _____

Bank Routing Number _____ **Account Number** _____

Type of Account (check one) **Checking** **Savings**

Part 4: AUTHORIZATION

I authorize TVA financing partners and their affiliates to electronically deposit funds to the specified account listed in Part 3. If monies to which I am not entitled are deposited into my account, I authorize my financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or revoked this authorization in writing.

Authorized Signature

Date

QCN Electronic Funds Transfer (EFT) Authorization Agreement

Please include a confirmation of account information by providing a **voided check** or **deposit slip**.

Instructions for Completing the QCN Electronic Funds Transfer Authorization Agreement

Part 1: REASON FOR SUBMISSION

Indicate your reason for completing this form by checking the appropriate box: (1) new EFT enrollment, (2) change to existing EFT enrollment, or (3) cancellation of EFT enrollment.

Part 2: ACCOUNT HOLDER INFORMATION

- Line 1: Enter the QCN member's company name. Enter the TVA assigned QCN number.
Line 2: Enter the QCN member's mailing address: street, city, state, and zip.
Line 3: Enter the QCN member's federal tax identification number as reported to the IRS. For QCN members that have a federal employer identification number (EIN), the federal tax identification number will be the federal EIN.
Line 5: Enter the name and title of the QCN member's primary contact.
Line 6: Enter the primary phone number, secondary phone number, and fax number of the QCN member's primary contact. Enter e-mail address.
Line 8: Enter the name and title of the QCN member's secondary contact.
Line 9: Enter the primary phone number, secondary phone number, and fax number of the QCN member's secondary contact. Enter e-mail address.

Part 3: FINANCIAL INSTITUTION INFORMATION

- Line 1: Enter the financial institution's name (the name of the QCN member's bank).
Line 2: Enter the financial institution's mailing address: street, city, state, and zip.
Line 3: Enter the financial institution's telephone number.
Line 4: Enter the financial institution's nine-digit routing number, including applicable leading zeros, and enter the QCN member's bank account number with the financial institution.
Line 5: Select the account type.

Part 4: AUTHORIZATION

By your signature on this form, you are (1) authorizing the companies listed in Part 4 and any of their affiliates to deposit payments into the account listed in Part 3, (2) certifying that the account listed in Part 3 is in the name of the QCN member listed in Part 2, and (3) certifying that you have authority to authorize EFT payments to the account listed in Part 3.

Please include a confirmation of account information by providing a voided check or deposit slip. If a voided check or deposit slip is not available, please attach a letter from the financial institution listed in Part 3 containing complete ABA routing and account numbers and indicating whether the account is a checking or savings account.

SUBMISSION OF THIS FORM

This form should be returned to TVA in one of the following ways:

- A. Upload this form into the eScore Portal
- B. Return this form to your TVA field account representative