QCN Electronic Funds Transfer (EFT) Authorization Agreement

Active members of the Quality Contractor Network (QCN) in the TVA EnergyRight Residential Services and TVA Green 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**

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

TVA EnergyRight | TVA Green

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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 TVA EnergyRight Residential Hub or TVA Green Hub

B. Return this form to your TVA field account representative