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STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY
EMPLOYER ACCOUNTS OPERATIONS
220 FRENCH LANDING DRIVE
NASHVILLE, TENNESSEE 37243

PHONE: 615-741-2346
FAX: 615-741-7214

ELECTRONIC FUNDS TRANSFER AGREEMENT

Employer Name: _____

State UI Account Number: _____ - _____ Federal EIN: _____ - _____

Contact Person: _____ Telephone Number: _____

E-mail Address: _____ Fax Number: _____

This is an agreement between the Tennessee Department of Labor and Workforce Development (hereinafter "TDLWD") and _____ (hereinafter "the Employer"), entered into this on this the _____ day of _____, _____ pursuant to the provisions of T.C.A. § 50-7-404, Rule 0800-10-01-.01 et. seq.

TDLWD and the Employer agree as follows:

1. The TDLWD authorizes the employer to transmit electronically using the Automated Clearing House (ACH), unemployment insurance premiums (hereinafter "Funds"), due quarterly to the Department by the employer.
2. The premium due dates will remain the same with regard to interest. TDLWD must receive the funds by the due date or appropriate interest will be assessed.
3. It is the responsibility of the employer to transmit funds so as to be received by TDLWD's bank by the due date.
4. This Agreement will be effective beginning _____ quarter/year.

Employer or Agent Signature

Employer or Agent Name Printed

Title

Employer or Agent Telephone Number

Date _____

TDLWD Official Signature

Title

Date _____