



Regions Bank  
***energy right***® Accounting  
ALBH40202B  
2050 Parkway Office Circle  
Birmingham, Alabama 35244  
800-727-2931 – toll free  
800-727-2933 – fax  
[TVA.Correspondence@amsouth.com](mailto:TVA.Correspondence@amsouth.com) – e-mail address

**\*\*\*\*ATTENTION QCN MEMBERS\*\*\*\***

We are currently making an effort to update our records in order to service you better. TVA has notified us that you are an active member of the Quality Contractor Network in the *energy right*® heat pump loan program. Please take a few moments to complete this and the attached form and return it to the fax number given above. In the event that you complete a job under this program, having this documentation submitted will prevent any delays in funding. Thank you in advance for your time and attention.

QCN Member Name: \_\_\_\_\_

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

\_\_\_\_\_

e-mail Address: \_\_\_\_\_

Our Primary Contact: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Our Secondary Contact: \_\_\_\_\_

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

Fax: \_\_\_\_\_



INSTRUCTIONS FOR AUTHORIZATION FORM

These instructions are provided in order to assist the Company in obtaining the necessary information and authorization from each payee so the Pre-Authorized Transfer service may begin. Please fill out the form according to the numbered instructions below that corresponds to the numbers on the form. Attach a voided check OR a blank deposit form to the Authorization Agreement.

- 1. Company Name
2. Company I.D. Number
3. Bank Name
4. Bank Address
5. Branch Location
6. Bank Transit/ABA Number
7. Account Number
8. Name
9. Date
10. Signature
11. Email Address

Attach a voided check or blank deposit ticket.

Regions Bank AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT / DRAFT
1. Regions Bank
2. 63-0935103
I authorize the above named Company and the financial institution listed below to electronically deposit funds to the specified account below.
3. BANK NAME
4. BANK MAILING ADDRESS
5. BRANCH LOCATION
6. BANK TRANSIT/ABA NUMBER
7. ACCOUNT NUMBER
8. ACCOUNT OWNER'S NAME (PLEASE PRINT)
9. DATE
10. AUTHORIZED SIGNATURE
11. EMAIL ADDRESS
TAX ID NUMBER
MAILING ADDRESS
CITY STATE ZIP
-PLEASE ATTACH A VOIDED CHECK OR DEPOSIT TICKET-