

Department of Financial Services

Division of Accounting and Auditing – Bureau of Vendor Relations

Direct Deposit Authorization Form

Section 1: Transaction	Tuna (rosu	uirod)	2.1.00t 20p001t7t								
Section 1: Transaction 1. Type of Transaction (choose	• • • •	irea)									
☐ New request (initiating		osit)	☐ Change request (mo	difying direct deposit)	☐ Stop request (terminating direct deposit)						
Section 2: Beneficiary	Identificati	on (required;	"Beneficiary" is used as o	defined in § 17.076, F.S.)							
2. Type of Beneficiary (choose	one)	= =====			- au - b						
☐ State Employee 3. Identification Number (choose	e one)	☐ FRS Re	tiree	☐ Supplier	☐ Supplier ☐ Other Payee 4. SSN or EIN						
☐ Social Security Numb	*		☐ Employer Identification Number (EIN)		4. SSA OF EIN						
5. Beneficiary Name											
6. Phone Number				7. Fax Number							
O. Obrast Address											
8. Street Address											
9. City			10. State		11. ZIP Code						
0		(-44-)							
Section 3: New Account Information (required—new and change requests only) 12. Financial Institution Name 13. City 14. State											
12. I mandar msululon warne			13. Oity		14. State						
15. Beneficiary Name on Account											
16. Type of Account (choose or	ne)		17. Routing Number		18. Account Number						
☐ Checking ☐ Savings											
_		mation (requ	ired—change and stop re	quests only)							
19. Type of Account (choose or☐ Checking ☐ Savings	ne)		20. Routing Number		21. Account Number						
	onrosontati	ve Informatio	n (required—new and ch	nange requests only sunn	l liers and other payees only)						
22. Verification	epresentati	ve illioilliatio	on (required—new and er	lange requests only, supp	ners and other payees only)						
				ection 3, above, are correc	ct. I have further verified that the person signing						
in Section 7, below, is a 23. Financial Representative No.		signer on the	e account.	24. Financial Representative Si	iqnature						
				•							
25. Title			26. Date								
27. Phone Number				28. Fax Number							
00.01											
29. Street Address											
30. City			31. State		32. ZIP Code						
Section 6: International ACH Transactions (req											
			quirea—new and change	requests only)							
33. International ACH Transactions (choose one) Check this box if your funds are deposited in a U.S. financial institution and the entire amount is subsequently forwarded to a financial institution in											
			formation on Internationa	ACH Transactions.							
Section 7: Authorizati	on (required))									
34. Authorization ☐ Lauthorize the Depar	tment of Fin	ancial Service	es (Department) to verify	with the financial institution	n the accuracy of the account information						
provided. I authorize the	e State of Flo	orida (State) t	o initiate credit entries an	d, if necessary, a debit en	try to reverse a credit entry made in error in						
accordance with NACH 35. ID Confirmation	A rules. I aut	horize these	payment instructions and	accept the Direct Deposit	Terms and Conditions on page 3 of this form.						
	nfirm the autl	horized signe	r has attached a copy of I	nis or her valid ID.							
36. Authorized Signer Name	neck this box to confirm the authorized signer has attached a copy of his or her valid ID. 37. Authorized Signer Signature										
38. Title			39. Date								
40. Email Address											
FOI	R DEPARTM	IENT USE OI	NLY	Mail the original copy	of the form to the address below:						
DM	FOR DEPARTMENT USE ON COMP		FC	Department of Financial Services							
VMD	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\/P	Direct Deposit Section	eposit Section						
VMP	VV		VB	200 East Gaines Street	00 East Gaines Street						
VVC		APPR		Tallahassee, Florida 323	399-0359						
COMMENTS				DO NOT SUBMIT AN IN							
COMMENTED.				The Department must be able to validate all information to make payment via direct deposit. See Rule 69I-22.002, F.A.C., for further information on the Direct Deposit Program.							



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Instructions for Direct Deposit Authorization Form

Section 1: Transaction Type

- 1. Select the appropriate transaction type.
 - **New requests** require completion of Sections 2, 3, 5 (if supplier or other payee), 6, and 7. Select this box to initiate participation in the Direct Deposit Program.
 - Change requests require completion of Sections 2, 3, 4, 5 (if supplier or other payee), 6, and 7. Select this box if you already participate in the
 Direct Deposit Program and are requesting a modification to the record (change of beneficiary name, account number, etc.).
 - Stop requests only require completion of Sections 2, 4, and 7. Select this box to terminate participation in the Direct Deposit Program.

Section 2: Beneficiary Identification

- 2. Select the appropriate **beneficiary type**. **Note**: See Rule 69I-22.002, F.A.C., for the definition of each beneficiary type and relevant requirements for participation in the Direct Deposit Program.
- Indicate the type of identification number. An individual must provide a Social Security Number (SSN). A business must provide an Employer Identification Number (EIN). Note: SSNs are required to be collected pursuant to 26 USC 6109 and will only be used for the purpose of complying with filing requirements imposed by the Internal Revenue Code and with the requirements of section 119.071, F.S.
- 4. Enter the beneficiary's SSN or EIN.
- 5. Enter the beneficiary's **name**. The beneficiary's name must match the name on the account in question 15. The name must also match the name on file with the State's accounting system for payments to be sent electronically. If you are currently receiving payments via warrant, list the name exactly as it appears on the warrant. If you are a caregiver or Guardian Ad Litem, enter the business name instead of your name.
- 6. Enter the beneficiary's **phone number**. For suppliers and other payees that are businesses, the listed phone number must be the phone number registered in the business name.
- 7. Enter the beneficiary's fax number (if any).
- 8. Enter the beneficiary's street address.
- 9. Enter the beneficiary's city.
- 10. Enter the beneficiary's state.
- 11. Enter the beneficiary's **ZIP code**.

Section 3: New Account Information

The Department may verify the information in this section. Contact your financial institution to confirm account information.

- 12. Enter the **name** of the beneficiary's financial institution.
- 13. Enter the city of the beneficiary's financial institution.
- 14. Enter the 2-character abbreviation for the **state** of the beneficiary's financial institution.
- 15. Enter the beneficiary's name exactly as it appears on the account.
- 16. Indicate whether the beneficiary's new account type is a checking account or a savings account.
- 17. Enter the 9-digit **routing number** of the beneficiary's new financial institution.
- 18. Enter the beneficiary's new account number.

Section 4: Existing Account Information

The beneficiary must submit the information of the account currently on record for verification purposes.

- 19. Indicate whether the beneficiary's existing account type is a checking account or a savings account.
- 20. Enter the 9-digit **routing number** of the beneficiary's existing financial institution.
- 21. Enter the beneficiary's existing account number.

Section 5: Financial Representative Information

This section is for suppliers and other payees only and must be completed and signed by a representative of the financial institution listed in Section 3.

- 22. Check this box to confirm you verified the accuracy of the information listed in Section 3.
- 23. Enter the financial representative's name.
- 24. Provide the financial representative's **signature**. **Original ink signature is required**.
- 25. Enter the financial representative's title.
- 26. Enter the **date** of the financial representative's signature.
- 27. Enter the financial representative's phone number.
- 28. Enter the financial representative's fax number (if any).
- 29. Enter the financial representative's street address.
- 30. Enter the financial representative's city
- 31. Enter the financial representative's state
- 32. Enter the financial representative's ZIP code.

Section 6: International ACH Transactions

33. Check this box to indicate whether State payments will be forwarded to a financial institution outside the United States. Banking industry rules require the State, as originator of electronic payments, to identify payments where the entire payment amount is subsequently transferred to a financial institution outside the United States. The rules are referred to as "International ACH Transaction (IAT) rules" and are pursuant to requirements of the Office of Foreign Assets Control (OFAC), which is part of the United States Treasury. If an electronic payment is identified as an IAT transaction, the electronic payment must be sent to your financial institution in a special format. Contact your financial institution to see if IAT rules apply to you. **Note**: The State does not send electronic payments to financial institutions outside the United States.

Section 7: Authorization

This section must be completed and signed by an authorized signer. An authorized signer is someone with permission to write checks and perform other actions for the owner of the account. **Note**: Often, the beneficiary is also the authorized signer.

- 34. Check this box to confirm you read and understand the provided terms.
- 35. Check this box to confirm you will attach a copy of the authorized signer's valid ID. See Rule 69I-22.002, F.A.C., for acceptable forms of valid ID.
- 36. Enter the authorized signer's **name**.
- 37. Provide the authorized signer's signature. Original ink signature is required.
- 38. Enter the authorized signer's **title** (if applicable).
- 39. Enter the **date** of the authorized signer's signature.
- 40. Enter the authorized signer's email address.

Form DFS-A1-26E; Direct Deposit Authorization Form Rule 69I-22.002, F.A.C.; Effective 11/25

Direct Deposit Terms and Conditions

Processing time is approximately six (6) to eight (8) weeks following the Department's receipt of the completed form. Ensure all requested information is complete and accurate; **incomplete forms will not be processed**. Providing account information does not authorize the State to access activity on your account.

The Department will initiate a pre-notification to your financial institution prior to making payment based on this authorization. The pre-notification is a zero-dollar entry transmitted to your financial institution for the purpose of verifying the accuracy of the account and routing numbers provided and entered into the Department's system.

Only an authorized signer of the beneficiary can make any changes to the beneficiary's direct deposit information (see *Rule 69I-22.002, F.A.C.*). Changes to account information will cause the original authorization to be immediately deactivated and the new account information will be processed as described above. The authorization will remain in effect until terminated in writing with sufficient notice to the State to allow adequate time to effect termination.

The State will not be responsible for any loss that may arise solely by reason of error, mistake, or fraud regarding information provided on this form.

The State cannot send payments to different accounts at this time. All payments from the State will be sent to the single account you designate.

Please email questions to DirectDeposit@MyFloridaCFO.com or call (850) 413-5517.

Emergency Use Justification (required)

Explain the emergency circumstances that require use of this form instead of submitting an online Direct Deposit Request

s required by Rule 69I-22.002, F.A.C.								