



Department of Financial Services
Division of Accounting and Auditing – Bureau of Vendor Relations

Direct Deposit Authorization Form

Section 1: Transaction Type (required)		
1. Type of Transaction (choose one) <input type="checkbox"/> New request (initiating direct deposit) <input type="checkbox"/> Change request (modifying direct deposit) <input type="checkbox"/> Stop request (terminating direct deposit)		
Section 2: Beneficiary Identification (required: "Beneficiary" is used as defined in § 17.076, F.S.)		
2. Type of Beneficiary (choose one) <input type="checkbox"/> State Employee <input type="checkbox"/> FRS Retiree <input type="checkbox"/> Supplier <input type="checkbox"/> Other Payee		
3. Identification Number (choose one) <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN)		4. SSN or EIN
5. Beneficiary Name		
6. Phone Number		7. Fax Number
8. Street Address		
9. City	10. State	11. ZIP Code
Section 3: New Account Information (required—new and change requests only)		
12. Financial Institution Name	13. City	14. State
15. Beneficiary Name on Account		
16. Type of Account (choose one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	17. Routing Number	18. Account Number
Section 4: Existing Account Information (required—change and stop requests only)		
19. Type of Account (choose one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	20. Routing Number	21. Account Number
Section 5: Financial Representative Information (required—new and change requests only, suppliers and other payees only)		
22. Verification <input type="checkbox"/> I have verified that the new routing and account numbers provided in Section 3, above, are correct. I have further verified that the person signing in Section 7, below, is an authorized signer on the account.		
23. Financial Representative Name		24. Financial Representative Signature
25. Title		26. Date
27. Phone Number		28. Fax Number
29. Street Address		
30. City	31. State	32. ZIP Code
Section 6: International ACH Transactions (required—new and change requests only)		
33. International ACH Transactions (choose one) <input type="checkbox"/> 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 a foreign country. Note: See page 2 for further information on International ACH Transactions.		
Section 7: Authorization (required)		
34. Authorization <input type="checkbox"/> I authorize the Department of Financial Services (Department) to verify with the financial institution the accuracy of the account information provided. I authorize the State of Florida (State) to initiate credit entries and, if necessary, a debit entry to reverse a credit entry made in error in accordance with NACHA rules. I authorize these payment instructions and accept the Direct Deposit Terms and Conditions on page 3 of this form.		
35. ID Confirmation <input type="checkbox"/> Check this box to confirm the authorized signer has attached a copy of his or her valid ID.		
36. Authorized Signer Name		37. Authorized Signer Signature
38. Title		39. Date
40. Email Address		
FOR DEPARTMENT USE ONLY		
DM	COMP	FC
VMP	VV	VB
VVC	APPR	
COMMENTS		
Mail the original copy of the form to the address below: Department of Financial Services Direct Deposit Section 200 East Gaines Street Tallahassee, Florida 32399-0359		
DO NOT SUBMIT AN INCOMPLETE FORM. <i>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.</i>		



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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.*
3. 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**.

