



# Enrollment and Authorization for eServices

DR-600  
R. 01/15  
TC 07/24  
Rule 12-24.011, F.A.C.  
Effective 01/15



This form can be completed online at [www.floridarevenue.com](http://www.floridarevenue.com)



To enroll for multiple taxes or fees, you must use a separate form for each tax or fee or you can enroll online all at once.

## Section 1 – Check the Box That Applies

<input type="checkbox"/> <b>Initial enrollment</b> Complete all sections	<input type="checkbox"/> <b>Change in filing/ payment method</b> Complete sections 2, 4, 5, and 6	<input type="checkbox"/> <b>Bank change</b> Complete sections 2, 5, and 6	<input type="checkbox"/> <b>Contact information change</b> Complete sections 2, 3, & 6
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If you wish to enroll for multiple taxes or accounts, you must use a **separate form** for each one **or** enroll online using our Internet site. The online application allows you to enroll for all taxes at one time.

## Section 2 – Business Information

Business entity name	Type of tax ( <b>Note: Only 1</b> tax type per form)
FEIN/SSN*	Tax account/certificate number (if different from FEIN/SSN)

\*Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at [www.floridarevenue.com](http://www.floridarevenue.com) and select "Privacy Notice" for more information regarding the state and Federal law governing the collection, use, or release of SSNs, including authorized exceptions.

## Section 3 – Contact Information

Electronic Payment Contact Person's Information		Electronic Return Contact Person's Information	
Name		Name	
Mailing address		Mailing address	
City/State/ZIP		City/State/ZIP	
Telephone number (include area code)	Fax number (include area code)	Telephone number (include area code)	Fax number (include area code)
E-mail address		E-mail address	
Contact is a: <input type="checkbox"/> company employee <input type="checkbox"/> non-related tax preparer		Contact is a: <input type="checkbox"/> company employee <input type="checkbox"/> non-related tax preparer	
If tax preparer, provide Preparer Taxpayer Identification Number (PTIN):		If tax preparer, provide Preparer Taxpayer Identification Number (PTIN):	
If reemployment (RT) agent, provide RT Agent Number		If reemployment (RT) agent, provide RT Agent Number	

## Section 4 – Filing/Payment Method Selection and Descriptions

**ACH-Debit (e-check)** is the action taken when the Department's bank withdraws a tax payment from the taxpayer's bank account upon payers request; the taxpayer's account is **debited**.

**ACH-Credit** is the action taken when the taxpayer's bank transfers a tax payment to the Department's bank account; the Department's account is **credited**. **This is not a credit card payment.**

Electronically File  Electronically Pay (select one): ACH Debit (e-check)  ACH Credit

## Section 5 – Banking Information (not required for ACH-Credit)

Bank Name \_\_\_\_\_ ABA Routing/Transit No.

Bank Account No. \_\_\_\_\_

Account Type  Business Checking  Personal Checking  Business Savings  Personal Savings

**Note:** Due to federal security requirements, we cannot process international ACH transactions. If any portion of the money used in payments you will make will come from financial institutions located outside of the US or its territories for the purpose of funding these payments, please contact us to make other payment arrangements. If you are unsure, please contact your financial institution.

**Section 6 – Enrollee Authorization and Agreement**

This is an Agreement between the Florida Department of Revenue, hereinafter “the Department,” and the business entity named herein, hereinafter “the Enrollee,” entered into according to the provisions of the Florida Statutes and the Florida Administrative Code.

By completing this agreement and submitting this enrollment request, the Enrollee applies and is hereby authorized by the Department to file tax returns and reports, make tax and fee payments, and transmit remittances to the Department electronically. This agreement represents the entire understanding of the parties in relation to the electronic filing of returns, reports, and remittances.

The same statute and rule sections that pertain to all paper documents filed or payments made by the Enrollee also govern an electronic return, or payment initiated electronically according to this enrollment.

I certify that I am authorized to sign on behalf of the business entity identified herein, and that all information provided in this document has been personally reviewed by me and the facts stated in it are true. According to the payment method selected, I hereby authorize the Department to present debit entries into the bank account referenced at the depository designated herein (ACH-Debit), or I am authorized to register for the ACH-Credit payment privilege and accept all responsibility for the filing of payments through the ACH-Credit method.

_____ Signature	_____ Title	_____ Date
_____ Print Name	_____ Telephone Number	
_____ Second signature (if dual signature account)	_____ Title	_____ Date

**Most change/update requests can be made online if you are already enrolled and have your user information.**

<p><b>Enroll online at <a href="http://www.floridarevenue.com">www.floridarevenue.com</a></b></p>	<p><b>or, Complete and mail this form to:</b> Account Management Mail Stop 1-5730 Florida Department of Revenue 5050 W Tennessee St Tallahassee, FL 32399-0160 Fax 850-488-5997</p>	<p><b>Call for assistance: 850-488-6800</b></p>
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