

Bank Name

Account Type

Bank Account No.

Business Checking

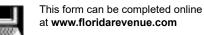
DRAFTEnrollment and Authorization for eServices

01/26

DR-600 R. 04/45 TC 05/24 Rule 12-24.011, F.A.C. Effective 01/15









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

FLORIDA ——						<u>01/26</u>		
Section 1 – Check the Box That Applies								
Initial enrollment Complete all sections		nange in filing/ payment method mplete sections 2, 4, 5, and 6	Bank ch Complete s	_	je ns 2, 5, and 6	Contact information change Complete sections 2, 3, & 6		
If you wish to enroll for mu application allows you to e	•	or accounts, you must use a separa taxes at one time.	ate form for eac	h oı	ne or enroll online us	ing our Internet site. The online		
Section 2 – Business Information								
Business entity name				Type of tax (Note: Only 1 tax type per form)				
FEIN/SSN*	Tax account/ce	Tax account/certificate number (if different from FEIN/SSN)						
administration purposes are of authorized under state and	onfidential เ federal law.	d by the Florida Department of Revenue under sections 213.053 and 119.071, Flor Visit our Internet site at www.floridarev, or release of SSNs, including authorized Section 3 – Co	rida Statutes, and seque.com and seque.com and seque.com	l not	t subject to disclosure a st "Privacy Notice" for m	s public records. Collection of your SSN		
Electronic D	aumont Cou		Jillact IIIIOII					
Electronic Payment Contact Person's Information Name				Electronic Return Contact Person's Information Name				
Name			Name					
Mailing address				Mailing address				
City/State/ZIP	City/State/ZIP	City/State/ZIP						
Telephone number (include area code) Fax number (include area code)			Telephone num	Telephone number (include area code) Fax number (include area code)				
E-mail address	E-mail address	E-mail address						
Contact is a: company er	nployee	non-related tax preparer	Contact is a:		company employee	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				
	Se	ection 4 – Filing/Payment M	ethod Selec	tio	n and Descripti	ons		
ACH-Debit (e-check) is to quest; the taxpayer's acco		aken when the Department's bank w ited.	vithdraws a tax p	oayı	nent from the taxpay	ver's bank account upon payers re-		
ACH-Credit is the action credited. This is not a c		n the taxpayer's bank transfers a tax payment.	payment to the	: De	partment's bank acc	count; the Department's account is		
Electronically File	Elec	ctronically Pay (select one):	ACH Debit (e-c	:heck) AC	CH Credit		
	S	ection 5 – Banking Informat	tion (not rec	uiı	red for ACH-Cre	dit)		

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.

Personal Checking

ABA Routing/Transit No.

Business Savings

Personal Savings

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.

Enroll online at www.floridarevenue.com

or, Complete and mail this form to:

Account Management Mail Stop 1-5730 Florida Department of Revenue 5050 W Tennessee St Tallahassee, FL 32399-0160 Fax 850-488-5997

Call for assistance: 850-488-6800