



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

Vendor Direct Deposit Authorization

<b>Section 1: Transaction Type</b>																			
<input type="checkbox"/> New request					<input type="checkbox"/> Change account number														
<b>Section 2: Authorization for Setup or Changes</b>																			
Social Security number or Federal Employer's Identification Number																			
Business Name																			
Business fax number						Business phone number													
Mailing address																			
City			State				ZIP code												
<p>I authorize Direct Deposit Section to verify with the Financial Institution the accuracy of the account information provided. I authorize the State of Florida to initiate credit entries and, if necessary, a debit entry in order to reverse a credit entry made in error in accordance with NACHA rules. I authorize these payment instructions and accept the terms and conditions for Electronic Funds Transfer payments on the reverse side of this form.</p>																			
Authorized Signature							Title												
Printed Name							Date												
Email address																			
Financial Institution name						Type of Account (check one)		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings										
Account Name																			
Routing Number		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													Customer Account Number				
<input type="checkbox"/>	Check this box if you do not want to receive by mail a paper copy of EFT Remittance Advice after funds are deposited in your designated account; this information is available online at <a href="http://flair.dbf.state.fl.us/dispub2/cvnhphst.htm">http://flair.dbf.state.fl.us/dispub2/cvnhphst.htm</a> .																		
<b>Section 3: Financial Institution</b>																			
I have verified that the account and transit-routing numbers provided above are correct. I have further verified that the person signing as the payee is an authorized signer on the account specified above.																			
Representative Name							Representative Signature												
Title of Representative							Date												
Business fax number							Business phone number												
Mailing address																			
City			State				ZIP code												
<b>Section 4: International ACH Transactions</b>																			
<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. See the instruction page for further information on International ACH Transactions																		
<b>For Florida Department of Financial Services Use Only</b>							<b>Send the ORIGINAL form to the address below</b>												
DM:				COMP:				FC:											
VMP:				VV:				VB:											
VVC:				APPR:															
Comments:																			
							Department of Financial Services Direct Deposit Section 200 East Gaines Street Tallahassee, Florida 32399-0359												



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**Instructions for Direct Deposit Authorization**

Please contact us at (850) 413-5517 or e-mail at [DirectDeposit@MyFloridaCFO.com](mailto:DirectDeposit@MyFloridaCFO.com) if you have any questions or need assistance.

**Section 1: Transaction Type:** Select the appropriate transaction type(s):

- **New request** - If a payee is not currently on direct deposit with the state.
- **Change** –If payee has a current direct deposit with the state and is requesting a change to the record. (example: change of payee name, financial institution, account number and etc)

**Section 2: Authorization for Setup or Changes:** Enter the information of the Payee.

Note: *The social security number is 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 to comply with Section 119.071(5)(a)7, F.S.*

The name on the Direct Deposit Payment Authorization Form must match the Payee name on file with the State of Florida Vendor payment system for payments to be sent electronically. If you are currently receiving payments via State warrant, you should list the first line of Payee exactly as it appears on the State of Florida warrant.

Payees have the option to receive a paper copy of the direct deposit information by mail. Please note that the information is available online at <http://flair.dbf.state.fl.us/dispub2/cvnhphst.htm> immediately after the payment is deposited into the payees designated account.

**Section 3: Financial Institution:** Contact your financial institution to confirm your direct deposit account information. Have the completed form signed by a Representative of the Financial Institution. The individual authorizing the form must be an authorized signer on the bank account that the funds are being sent to. Verification will be conducted by the Department, via a telephone call to the Authorized Signer, to confirm the business name, account and transit-routing information of the financial institution.

**Section 4: International ACH Transactions (IAT):** 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. 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.

The State of Florida does not send payments electronically to financial institutions outside the United States.

**Terms and Conditions**

Processing time is approximately 4 to 6 weeks following receipt of the completed form. Please complete all information requested on this form.

Providing account information does not authorize the State of Florida to access account activity on your account.

We 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 transit-routing numbers provided and entered into our system.

An authorized representative of the payee must make any changes to the information provided on this form in writing. Changes to account information will cause the original authorization to be immediately inactivated 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 Direct Deposit Payment Authorization Form.

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