

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

Employee Direct Deposit Authorization

☐ New requ	est	t ☐ Change request					☐ Stop request					Instructions and important information:				
Social Secur number	ity										•	All forms received must be complete and must be signed by the employee.				
Last Name	ast Name Suffix										•	pursuant to 26 USC 6109, and will only be used for the				
First Name							Middle Initial					purpose of complying with filing requirements imposed by the Internal Revenue Code and to comply with Section				
Phone number										119.071(5)(a)7, F.S.						
Email address											•	 Select the appropriate action: New request - If a payee does not currently have direct deposit with the state. Change request - If payee has a current direct deposit 				
Mailing address																
City												with the state and is requesting a change. (example: change of payee name, account number and etc)				
State						IP ode						Stop request – if a payee wishes to stop an active direct deposit authorization				
Financial Ins	titutio	n										Cubanit a consulat a consulat a valid driver's licenses at the time				
Financial Ins Phone Numb											•	Submit a copy of a copy of a valid driver's license at the time the original Direct Deposit Authorization Form is filed, per				
Routing Num	ber	per										the requirements outlined in 69I-22.003(3) Florida Administrative Code. Forms without a copy of a driver's				
Account Number										license will not be approved.						
Type of Account (check one)		☐ Checking					☐ Savings				•	 The name on the form must match the name on your Form W-4 on file with your personnel office. If you change your name on your W-4, you also must change your name for 				
Check this box if your funds are deposited in a U.S. financial institution and the entire amount is then forwarded to a financial institution in a foreign country. (IAT)										direct deposit.						
I hereby authorize and request the State of Florida to initiate credit											 The authorization will remain in effect until terminated in writing. The State will not be responsible for any loss that may 					
entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial									inancia		arise solely by reason of error, mistake or fraud regarding information provided on this Direct Deposit Payment Authorization Form.					
institution named. This direct deposit is to remain in effect until withdrawn by: (a) me in writing with sufficient notice to the State to allow									ate to							
adequate time to effect termination; (b) my death or legal incapacity; (c) the financial institution or (d) the State of Florida. It will purge										y; (c)	•	Banking industry rules require the State, as originator of electronic payments, to identify payments where the entire				
approximately	/ six (6) mor	onths after my last wage. payment amount is subsequently transferred to a financial													
Signature							D	ate				institution outside the United States. The rules are referred to as "International ACH Transaction (IAT) rules" and are				
Mail the form to the address below or fax it to (850) 413-5549 Department of Financial Services Direct Deposit Section 200 East Gaines Street Tallahassee, Florida 32399-0359									cial Ser oosit Se aines S	rvices ection Street	pursuant to requirements of the United States Treasury Office of Foreign Assets Control (OFAC). Florida will not send IAT payments; these payments will be made by state warrant. Contact your Financial Institution to see if IAT rules apply to you.					
For prompt authorization, complete your EFT request through People First at https://peoplefirst.myflorida.com. If completed online, your request will be active within two weeks. Paper Direct Deposit Authorization forms are processed in the order in which they were received; allow 4-6 weeks for processing.									comp aper D ler in v	oleted Direct which	•	A voided personal check can be submitted with the Direct Deposit Authorization request. Tape the check over the form's instructions. The check will be used to confirm the financial institution information.				