

Please leave this area blank

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!
For a Start or Change all boxes must be completed;
do not leave information blank!

This form will start, change, or stop direct deposit for all payments received by you from the State of Florida. You may not have direct deposit to more than one account at one time.

Name: Please be sure your last name on this form matches the last name on your retirement account at the Division of Retirement. Your direct deposit will not start if the names do not match. If you change your name please contact the Retirement office ASAP for instructions on how to update your name in their files.

Address: Please notify the Division of Retirement of any address changes or corrections by calling toll free 1-888-377-7687 or local (850) 488-4742, writing PO Box 3090, Tallahassee, FL 32315-3090 or E-Mailing them at Retired@dms.myflorida.com for more information.

Direct Deposit Action Requested:

1. Check **Start** if you don't have direct deposit and wish to start.
2. Check **Change** if you have direct deposit and wish to change your financial institution or just your account number or account type (Checking or Savings). Your current direct deposit is stopped when a change request is received. While the change is being processed, you will be paid by warrant (paper check).
3. Check **Name Change Only** if you are changing your name. Please notify the Division of Retirement ASAP. Skip to the bottom of the form and sign and date it.
4. Check **Stop** if you wish to stop your direct deposit. Stops are processed the day they are received.

Account Number: Please make sure the account number on this form is correct.

Transit Routing Number: This is the nine-digit number that identifies your financial institution (Bank, Savings & Loan or Credit Union). It is found in the bottom left-hand corner of your personal check.

If you're not sure about your Account information , PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

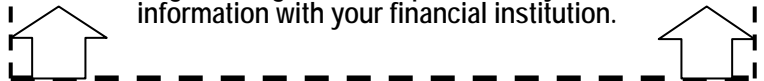
AGREEMENT

I hereby authorize and request the State of Florida to initiate credit entries and, if necessary, a debit entry reversing a credit entry made in error, to my account at the financial 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 This direct deposit is to remain in effect until withdrawn by: (a) me in writing with sufficient notice to the State to allow adequate time to effect termination; (b) my death or legal incapacity; (c) the financial institution or (d) the State of Florida. It will purge approximately six (6) months after my last state retirement payment. It will remain in effect if I start receiving FRS benefits within 6 months of the final state wage payment.

Special Note: Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to the State and cause a seven to ten day delay before you receive your retirement payment in the mail.

Forms with deposit slips attached will be rejected; the banking codes are not correct.

Tape a voided personal check here for verification.
If using a savings account, please verify account information with your financial institution.



STATE OF FLORIDA
DIRECT DEPOSIT AUTHORIZATION
Alex Sink, Chief Financial Officer
PLEASE TYPE OR PRINT CLEARLY

Payee Social Security Number																			
Payee Last Name,				First Name				M.I.											
Payee Home Mailing Address (Number, Street)																			
City																			
State						Zip Code													
Home Telephone ()						Other Telephone (work, cell, etc.) ()													
Direct Deposit Action Requested (Check Only One)				(1) Start.....				(2) Change.....				(3) Name Change Only.....				(4) Stop.....			
				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
For State of Florida Retirement Benefits Only. NOTE: If you were a State employee and already had DIRECT DEPOSIT, no additional authorization is needed for your retirement benefit, unless you cancelled your previous authorization.																			
Account Type (Check Only One)				(1) Checking				(2) Savings											
				<input type="checkbox"/>				<input type="checkbox"/>											
Your Account Number – Start at left, leave unused spaces blank																			
Transit Routing Number of Your Financial Institution																			
Name of Your Financial Institution																			
Telephone number of Financial Institution ()																			
Signature of Payee or Legal Representative								Date											

THIS FORM MUST BE SIGNED AND DATED BY PAYEE
Signature above signifies acceptance of the terms and conditions in **AGREEMENT** to the right.

FAX to: (850) 413-5549 If you fax your form, retain the original. Please do not mail it.	Or mail to: Direct Deposit Section Department of Financial Services 200 E. Gaines Street Tallahassee, FL 32399-0359
Direct Deposit Telephone (850) 413-5517	

Please allow 4 to 6 weeks for your direct deposit to begin.