

**STATE OF FLORIDA  
ELECTRONIC PAYMENT AUTHORIZATION**

**Please complete this form and return to:  
Direct Deposit Section, Department of Financial Services, 200 E. Gaines St.  
Tallahassee, Florida 32399-0359 Telephone (850) 413-5517**

**PAYEE INFORMATION**

<b>Payee Name:</b>	<b>Federal Tax ID #:</b> -
<b>Address:</b>	<b>or Social Security #*:</b> - -
	<b>Does this request change the account information?</b>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

\*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.

**PAYEE CONTACT INFORMATION**

<b>Name:</b>	<b>Voice Phone #:</b> ( ) - <b>Ext:</b>
<b>E-Mail Address:</b>	<b>Fax #:</b> ( ) -

**AUTHORIZATION**

I hereby authorize the Direct Deposit Section to verify with the Financial Institution the accuracy of account information provided.	
I hereby 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 (Article II, Sections 2.4 and 2.5).	
I hereby authorize these payment instructions, and accept the terms and conditions for Electronic Funds Transfer payments on the reverse side of this form.	
<b>Authorized Signature:</b>	<b>Title:</b>
<b>Printed Name:</b>	<b>Date:</b>

**FINANCIAL INSTITUTION INFORMATION**

<b>Financial Institution Name:</b>	<b>Phone #:</b> ( ) -
<b>Address:</b>	<b>Account Name:</b>
	<b>Account Type:</b> Checking <input type="checkbox"/> Savings <input type="checkbox"/>

**Account Information**

Transit Routing Number of Your Financial Institution	Your Account Number – Start at left, leave unused spaces blank
█                     █	█   █

**FINANCIAL INSTITUTION VERIFICATION**

I have verified that the account and transit-routing numbers provided above are correct. I have further verified that the person signing for the payee is authorized to sign on the account specified above.		
<b>(Print Name and Title of Bank Officer)</b>	<b>(Signature of Bank Officer)</b>	<b>(Date)</b>
<b>Bank Officer Telephone Number:</b> ( ) -	<b>Ext:</b>	

**Note: The ORIGINAL form is REQUIRED and must be returned to the address above. NO FAXES ACCEPTED.**

<i>For Department of Financial Services Use Only</i>			
DM: _____	Comp: _____	FC: _____	VVC: _____
VMP: _____	VV: _____	VB: _____	Appr: _____
Comments: _____			

## DFS-A1-26E INSTRUCTIONS

**This form is *NOT* for State of Florida Employees, Florida Retirement System Retirees, or Foster or Adoptive Parents direct deposit sign-up. Only original forms will be accepted.**

Direct Deposit becomes effective in approximately 3 to 4 weeks following receipt of the completed form. Providing account information does not authorize the State of Florida to access account activity on your account. However, by signing the Electronic Payment Authorization Form, you are authorizing the State of Florida to verify with your Financial Institution the accuracy of the account information on this form, such as bank account name, account number, and transit-routing information.

Please complete all information requested on this form. If this is a change in account information (such as a change to the account name, bank account number or transit-routing number) please check “Yes” in the appropriate box in the “Payee Information” Section. The accuracy of the information provided in the Financial Institution Information Section is very important. This form requires account and transit-routing information to be verified by your financial institution.

Payments will be sent electronically only if the Payee Name on your Electronic Payment Authorization Form matches the Payee name on file with the State of Florida Vendor Payment System. If you are currently receiving payments via State warrant, you should use the first line of Payee exactly as it appears on the State of Florida warrant. It is important to note that this authorization applies to all payments to your organization by the State of Florida. Please take this into consideration when initiating direct deposit. In addition, the State cannot send different payments to different accounts at this time. All payments from the State of Florida will be sent to the single account you designate.

You may view payments made to you on our website at <http://flair.dbf.state.fl.us> under the “Vendors” section. All payments are shown, not just those made by direct deposit. If you want to know when a payment will be processed or the details on a received payment, please contact the state agency issuing your payments.

Please contact us at (850) 413-5517 or e-mail [direct.deposit@fldfs.com](mailto:direct.deposit@fldfs.com) if you have any questions or if we may be of assistance.

### TERMS AND CONDITIONS

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. The authorization will become active approximately ten calendar days after the pre-notification is originated. The process will be repeated with the corrected information if your financial institution returns a correction to us.

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 Electronic Payment Authorization Form.

Payments will be made under this authorization using the Corporate Trade Exchange (CTX) format with addenda records. The addenda records give remittance information about the payment. You must make arrangements with your bank to receive this information.