

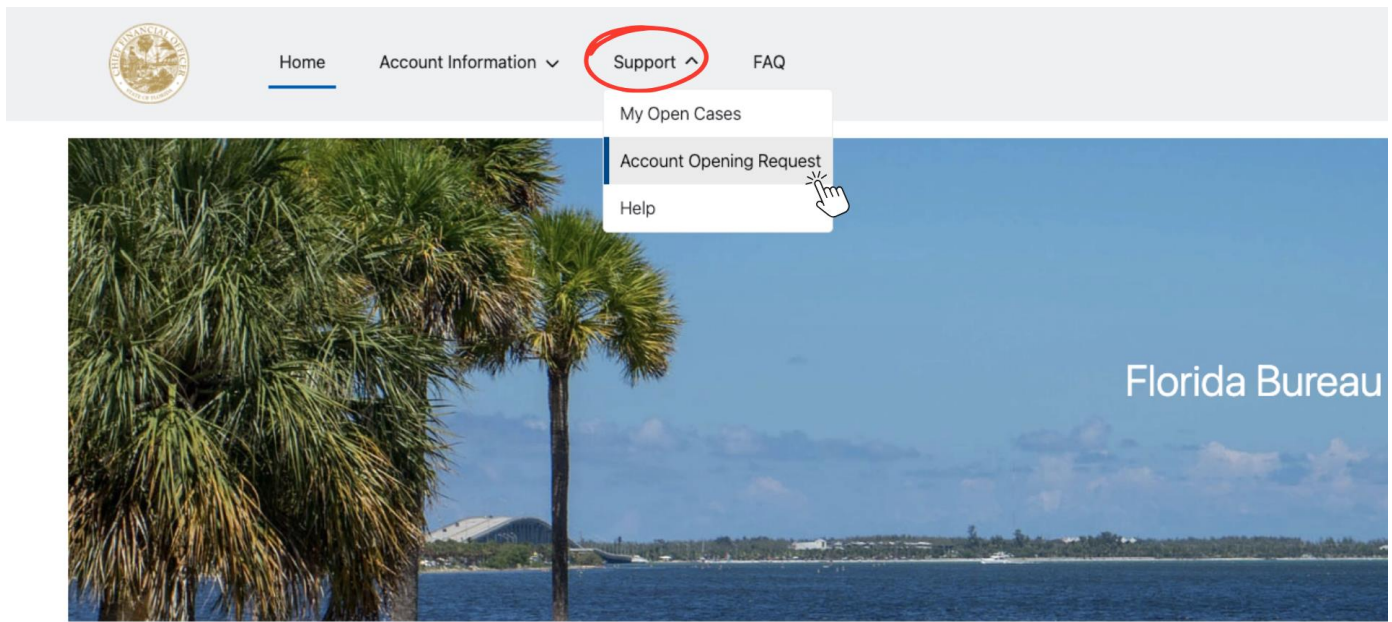
Quick-Start: Submit an Account Opening Request

Step-by-step guide with screenshots

Step 1:

Go to <https://ecap.fldfs.com/> and select the **Support** tab.

Click on the dropdown option **Account Opening Request**.



Collateral Management


Step 2:

You will be redirected to the Account Opening Request form.

Enter the following **Business Information**:

- Business Legal Name

- Business Email
Primary Account Type (select from dropdown: Qualified Public Depository, Trust, Insurance, Escrow)
 - **In this example, we will select Qualified Public Depository.**
Note: fields will change based on business type.
- Secondary Account Type (options depend on primary type selected)



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[Account Information](#)
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ACCOUNT OPENING REQUEST

Instructions: Please fill out the Account Opening Application carefully. Ensure that all required fields are completed accurately and that the details match your official documents. Incomplete or incorrect information may lead to delays in processing.

If you need to file an account opening request to

1. Seek designation as a Florida Public Depository for your financial institution,
2. Establish a collateral account per a requirement from the Florida Office of Insurance Regulation or the Florida Office of Financial Regulation or
3. Seek escrow services for your Florida State Agency, you will need complete the below Account Opening Request so our office can work with you to establish an account.

Business Information

* Business Legal Name

* Business Email

* Primary Account Type

--None--
 Qualified Public Depository
 Trust Business
 Insurance - OIR Regulated Entity
 State Agency Escrow Accounts

Contact Information

Only one record can be assigned the role 'Primary'.

First Name

Step 3:

Complete the **Institutional Information** section (fields shown will vary depending on the selected account type). Then proceed to enter the **Contact Information**. Next, confirm the **Minimum Requirements**, and finally provide the **Main Office Address**.

If you need to file an account opening request to

1. Seek designation as a Florida Public Depository for your financial institution,
2. Establish a collateral account per a requirement from the Florida Office of Insurance Regulation or the Florida Office of Financial Regulation or
3. Seek escrow services for your Florida State Agency, you will need complete the below Account Opening Request so our office can work with you to establish an account.

Business Information

* Business Legal Name

Sunshine State Bank

* Business Email

compliance@sunshinestatebank.com

* Primary Account Type

Qualified Public Depository

* Secondary Account Type

✓ --None--

Bank, Savings Bank, Savings Association

Credit Union

Qualified Public Depository Institutional Information

* Charter Type

--None--

* ABA #

* RSSD ID Key

* Primary Regulator

▼ Contact Information

Application Contact (officer/employee responsible for application responses for designation)

First Name

Emily

* Last Name

Dawson

Title

Compliance Officer

Email

emily.dawson@sunshinestatebank.com

Phone

(850) 555-1234

☒ Will this contact require portal access?

Designation Primary Contact (officer/employee responsible for the institution's overall participation in the public deposits program)

First Name

Michael

* Last Name

Grant

Title

Chief Financial Officer (CFO)

Email

michael.grant@sunshinestatebank.com

Phone

(850) 555-5678

☒ Will this contact require portal access?

Secondary Contact (optional, principal back-up to the primary contact)

First Name

Sophia

* Last Name

Martinez

Title

Deputy Treasurer

Email

sophia.martinez@sunshinestatebank.com

Phone

(850) 555-9012

☐ Will this contact require portal access?

▼ Minimum Requirements

* Is your institution organized under the laws of the United States, the laws of this state, or any other state of the United States?

Yes

* Does your institution have its principal place of business in this state or has a branch office in this state which is authorized under the laws of this state or of the United States to receive deposits in this state?

Yes

* Does your institution have deposit insurance by the Federal Deposit Insurance Corporation or the National Credit Union Share Insurance Fund?

Yes

* Does your institution have procedures and practices for accurate identification, classification, reporting and collateralization of public deposits?

Yes

▼ Main Office Address

* Address

Step 4:

Complete **Certification & Submit:**

- Check both certification boxes
- Fill in Printed Name, Title, and Date
- Complete the reCAPTCHA
- Click **Submit**

Upload Files

[Upload Files](#) Or drop files

stack-intelligence-logo.png x

▼ Certification


☒ By signing below, I am authorized to sign on behalf of the foregoing applicant, and certify that the facts stated in it are true to the best of my knowledge and belief.

☒ Checking this box serves as the digital signature of the authorized representative.


*Printed Name
Michael Grant

*Title
Chief Financial Officer (CFO)

*Date
Sep 11, 2025

☒ I'm not a robot  reCAPTCHA
Privacy - Terms

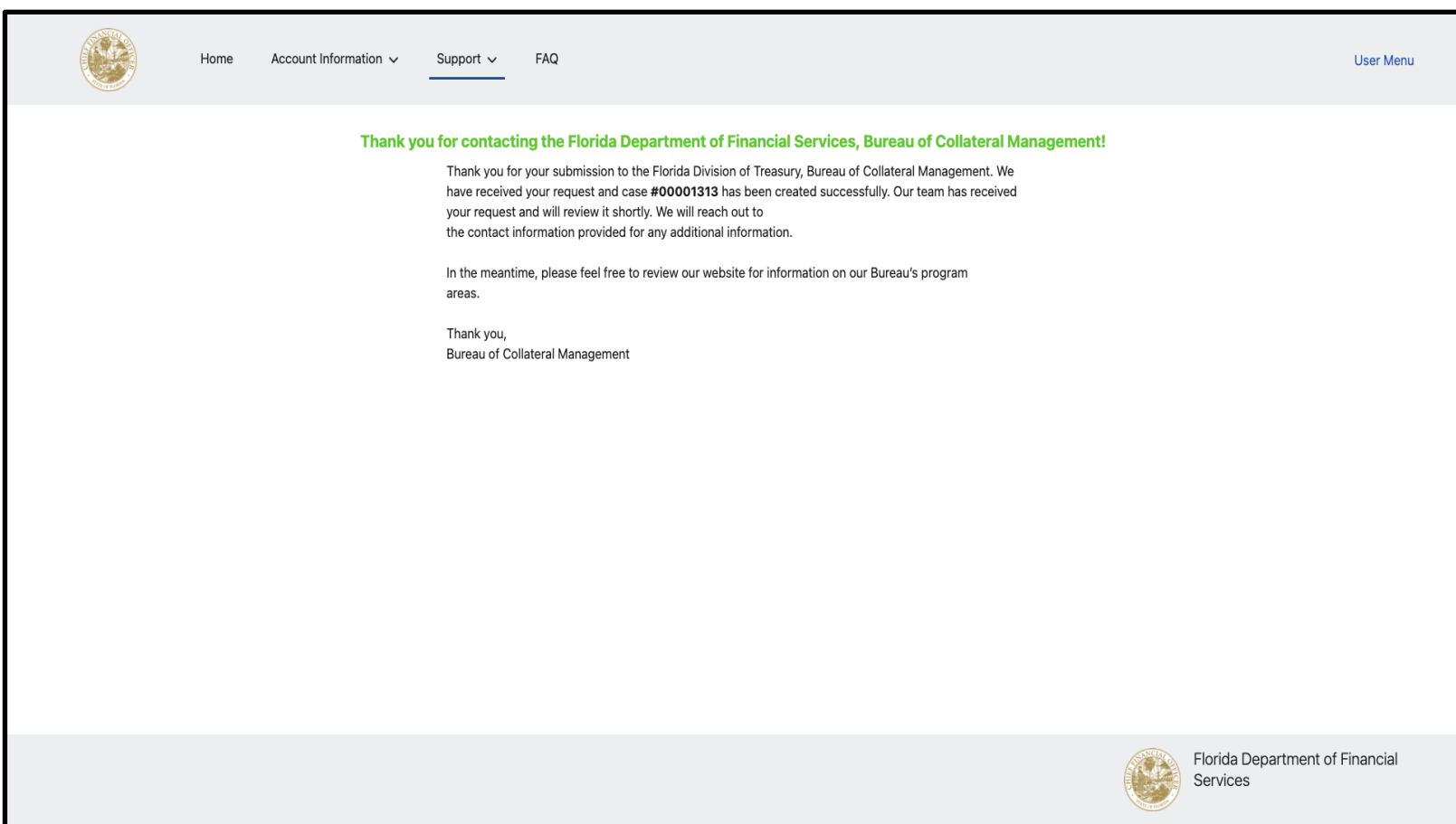
Submit



Step 5:

A confirmation screen will appear with a **Case Number**.

This confirms DFS has received your request.



- ❖ By completing these steps, your institution successfully submits an **Account Opening Request** through the customer portal. The confirmation screen with your case number serves as proof that DFS has received your request. Keep this number for your records, as it will be used for any follow-up communication or status updates.