

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

## **Employee Direct Deposit Authorization**

	est	□с	change request				☐ Stop request					Instructions and important information:			
Social Secur	ity											<ul> <li>All forms received must be complete and must be signed by the employee.</li> </ul>			
							C					The social security number is required to be collected			
Last 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:			
Mailing address												<ul> <li>New request - If a payee does not currently have direct deposit with the state.</li> </ul>			
City				with the state and is requesting a change. (exchange of payee name, account number and stop request – if a payee wishes to stop an a							Change request –If payee has a current direct deposit with the state and is requesting a change. (example: change of payee pages account number and etc.)				
State															
Financial Ins Name	fitution Florida West Coast Credit Union							ast C	redit	Union		·			
	cial Institution			813-643-5572							Submit a copy of a valid driver's license or government issued identification at the time the original Direct				
Phone Numb	per			1	1	1	1 1		_		1	Deposit Authorization Form is filed, per the			
Routing Num	ber		2	6	3	1	8	2	8	3	3	requirements outlined in 69I-22.003(3) Florida Administrative Code. Forms without a copy of a			
Account												driver's license will not be approved.			
Number															
Type of												The name on the form must match the name on your Form     A on file with your personnel office. If you shange your			
Account (check one)		☐ Checking						☐ Savings				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 th		s box if your funds are deposite						ed in a U.S. financial				direct deposit.			
	n and the entire amount is then forwarded to a financial									nancia	I				
institution in a foreign country. (IAT)  I hereby authorize and request the State of Florida to initiate credit							orida to	initi	ate c	redit		The authorization will remain in effect until terminated in			
	necessary, a debit entry in accordance with NACHA rules										ules	writing. The State will not be responsible for any loss that may			
reversing a cr	edit e	ntry m	ade i	n erro	or, to	my a	ccount	at th	e fina	ancial		arise solely by reason of error, mistake or fraud regarding information provided on this Direct Deposit Payment			
institution nar												Authorization Form.			
withdrawn by:			_												
adequate time the financial in								_		распу,	(0)	Banking industry rules require the State, as originator of			
approximately									. 3-			electronic payments, to identify payments where the entire payment amount is subsequently transferred to a financial			
Signature								Dat	:e			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											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										complo per Di er in wi	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.				
they were received; allow 4-6 weeks for processing.															