



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

Employee Direct Deposit Authorization

<input type="checkbox"/> New request	<input type="checkbox"/> Change request	<input type="checkbox"/> Stop request	<b>Instructions and important information:</b> <ul style="list-style-type: none"> <li>All forms received must be complete and must be signed by the employee.</li> <li>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.</li> <li>Select the appropriate action:             <ul style="list-style-type: none"> <li><b>New request</b> - If a payee does not currently have direct deposit with the state.</li> <li><b>Change request</b> –If payee has a current direct deposit with the state and is requesting a change. (example: change of payee name, account number and etc)</li> <li><b>Stop request</b> – if a payee wishes to stop an active direct deposit authorization</li> </ul> </li> <li><b><u>Submit a copy of a valid driver’s license or government issued identification at the time the original Direct Deposit Authorization Form is filed, per the requirements outlined in 69I-22.003(3) Florida Administrative Code. Forms without a copy of a driver’s license will not be approved.</u></b></li> <li>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 direct deposit.</li> <li>The authorization will remain in effect until terminated in writing. 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 Direct Deposit Payment Authorization Form.</li> <li>Banking industry rules require the State, as originator of electronic payments, to identify payments where the entire payment amount is subsequently transferred to a financial institution outside the United States. The rules are referred to as “International ACH Transaction (IAT) rules” and are 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.</li> <li>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.</li> </ul>																																	
<b>Social Security number</b>																																				
<b>Last Name</b>													<b>Suffix</b>																							
<b>First Name</b>													<b>Middle Initial</b>																							
<b>Phone number</b>																																				
<b>Email address</b>																																				
<b>Mailing address</b>																																				
<b>City</b>																																				
<b>State</b>																							<b>ZIP code</b>													
<b>Financial Institution Name</b>													Suncoast Credit Union																							
<b>Financial Institution Phone Number</b>													800-999-5887																							
<b>Routing Number</b>													2	6	3	1	8	2	8	1	7															
<b>Account Number</b>																																				
<b>Type of Account (check one)</b>													<input type="checkbox"/> <b>Checking</b>										<input type="checkbox"/> <b>Savings</b>													
<input type="checkbox"/>													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)																							
I hereby authorize and request the State of Florida to initiate credit 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 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 wage.																																				
<b>Signature</b>													<b>Date</b>																							
<p><b>Mail the form to the address below or fax it to (850) 413-5549</b>          Department of Financial Services          Direct Deposit Section          200 East Gaines Street          Tallahassee, Florida 32399-0359</p> <p><b>For prompt authorization, complete your EFT request through People First at <a href="https://peoplefirst.myflorida.com">https://peoplefirst.myflorida.com</a>. 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.</b></p>																																				