

STATE OF FLORIDA
DIRECT DEPOSIT PAYMENT AUTHORIZATION
Payroll Wage Garnishment Recipient Use Only



Please complete this form and return to: Direct Deposit Section
Department of Financial Services
200 East Gaines Street
Tallahassee, Florida 32399-0359

PAYEE INFORMATION

Name: _____	Federal Tax ID Number: _____ - _____
Address: _____	OR Social Security Number *: _____ - _____ - _____
_____	Direct Deposit Action Requested: (<i>Please check one</i>)
_____	Start <input type="checkbox"/> Change <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

Name: _____	Telephone Number: (____) _____	Ext: _____
E-Mail Address: _____	Fax Number: (____) _____	

NOTE: ALL SIGNATURES MUST BE ORIGINAL. NO COPIES OR FAXES WILL BE ACCEPTED.

AUTHORIZATION:

I hereby authorize Direct Deposit Section to verify with the Financial Institution the accuracy of the 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.

Authorized Signature: _____	Title: _____
Printed Name: _____	Date: _____

FINANCIAL INSTITUTION INFORMATION:

Financial Institution Name: _____	Telephone: (____) _____
Address: _____	Account Name: _____
_____	Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>

ACCOUNT INFORMATION:

Transit Routing Number of Your Financial Institution:	Your Account Number (Start at the left, leave unused spaces blank):																																	
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<input type="checkbox"/>	Please check this box if your funds are deposited in a U.S. financial institution and the entire amount is subsequently forwarded to a financial institution in a foreign country. See the instructions page on the reverse side of this form for further explanation on IAT (International ACH Transactions).
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FINANCIAL INSTITUTION VERIFICATION - (MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION BEFORE SUBMITTING)

I have verified that the account and transit-routing numbers provided above are correct. I have further verified that the person signing as the payee is an authorized signer on the account specified above.

Print Name: _____	Title of Bank Officer: _____
Signature of Bank Officer: _____	Date: _____
Bank Officer Telephone Number: (____) _____	Ext: _____

For Florida Department of Financial Services Use Only:

DM: _____	COMP: _____	FC: _____	VVC: _____
VMP: _____	VV: _____	VB: _____	APPR: _____
Comments: _____			

DFS-A1-26G INSTRUCTIONS

This form is for Payroll Wage Garnishment Recipients use only, NOT for Employees, Florida Retirement System Retirees or Regular Vendors. Only forms with original signatures will be accepted.

Processing time is approximately 4 to 6 weeks following receipt of the completed form. Please complete all information requested on this form. If there is a change in account information (such as change to the account name, bank account number or transit-routing number) please check "Change" in the appropriate box in the "Payee Information" Section under "Direct Deposit Action Requested." 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. Providing account information does not authorize the State of Florida to access account activity on your account.

The name on the Direct Deposit Payment Authorization Form must match the Payee name on file with the State of Florida Vendor payment system for payments to be sent electronically. 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 from 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://www.myfloridacfo.com/aadir/bosp/default.htm> under the "Wage Garnishment Recipient" 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 at DirectDeposit@myfloridacfo.com if you have any questions or need assistance.

INTERNATIONAL ACH TRANSACTIONS (IAT)

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 Office of Foreign Assets Control (OFAC), which is part of the United States Treasury. The IAT rules do not apply to payments made to you via a State warrant. If an electronic payment is identified as an IAT transaction, the electronic payment must be sent to your financial institution in a special format. Contact your Financial Institution to see if IAT rules apply to you.

NOTE: The State of Florida does not send payments electronically to financial institutions outside the United States.

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.

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 Direct Deposit 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 addenda information.