



**Robert F. Milligan**  
Comptroller of Florida



**PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!**

For a Start or Change all boxes must be completed;  
do not leave information blank!  
Please allow 3 to 4 weeks for your direct deposit to begin.

This form will start, change, or stop direct deposit for all payments received by you from the State of Florida. You may not have direct deposit to more than one account at one time.

**Name:** Please be sure your name on this form matches the name on your W -4 on file with your personnel office. Your direct deposit will not start if the names do not match. If you change your name on your W -4, you must also change your name for direct deposit.

**Direct Deposit Action Requested:**

1. Check **Start** if you don't have direct deposit and wish to.
2. Check **Change** if you have direct deposit and wish to change your financial institution or just your account number or account type (Checking or Savings). Your current direct deposit is stopped when a change request is received. While the change is being processed, you will be paid by warrant (check).
3. Check **Stop** if you wish to stop your direct deposit. Stops are processed the day they are received.
4. Check **Name Change Only** if you are changing only your name to correspond to your W -4. Skip to the bottom of the form and sign and date it.

**Payment Types:** All payments you receive from the State (salary, retirement, expense reimbursement, etc.) will be direct deposited to the single account designated.

**Account Number:** Please make sure the account number on the form is correct. If you're not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

**Transit Routing Number:** This is the nine-digit number that identifies your financial institution (Bank, Savings and Loan or Credit Union). It is found in the bottom left-hand corner of your personal check.

**Please return to:**

EFT Section	OR FAX TO:
Office of Comptroller	(850) 410-9376,
101 E. Gaines Street, Room 414	SUNCOM 210-9376
Tallahassee, FL 32399-0350	VOICE: (850) 410-9466

**IF YOU FAX US YOUR FORM, RETAIN THE ORIGINAL. DO NOT MAIL IT TO US.**

**Tape Voided Personal Check Or Copy of Savings Account ID Here**



**Please, No Deposit Slips!**

**STATE OF FLORIDA**  
**DIRECT DEPOSIT AUTHORIZATION**  
PLEASE TYPE OR PRINT CLEARLY

Last Name,			First Name			M.I.		
Your Social Security Number								
Your Home Mailing Address (Number, Street)								
City								
State						Zip Code		
Work Telephone				Home Telephone				
( )				( )				
Direct Deposit			(1) Start.....			<input type="checkbox"/>		
Action Requested			(2) Change.....			<input type="checkbox"/>		
(Check Only One)			(3) Stop.....			<input type="checkbox"/>		
			(4) Name Change Only .....			<input type="checkbox"/>		
Are you an employee			(1) Retiree.....			<input type="checkbox"/>		
or Retiree?			(2) Employee.....			<input type="checkbox"/>		
(Check One)			(3) Both.....			<input type="checkbox"/>		
Account Type			(1) Checking.....			<input type="checkbox"/>		
(Check Only One)			(2) Savings.....			<input type="checkbox"/>		
Your Account Number – Start at left, leave unused spaces blank								
Transit Routing Number of Your Financial Institution								
Name of Your Financial Institution								
Telephone number of Your Financial Institution								
( )								
Your Signature						Date		

**THIS FORM MUST BE SIGNED AND DATED**

Signature above signifies agreement with terms and conditions below.

**AGREEMENT**

I hereby authorize and request the State of Florida to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries 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. Otherwise it will purge approximately 6 months after my last wage payment. It will remain in effect if I start receiving FRS benefits within 6 months of the final wage payment.

**Special Note:** Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to the state and cause a seven to ten day delay before you receive your salary payment.

To find out the status of your direct deposit, or the amount of your deposit, please call our automated response system at (850) 413-7262 or SUNCOM 293-7262.