

DFS-AA-26E INSTRUCTIONS

This form is *NOT* for State of Florida Employees, FRS Retirees, or Foster or Adoptive Parents direct deposit sign-up

Please complete all information requested in this form. The accuracy of the information provided in the financial institution information section is very important. Please confirm this information with your financial institution's operations manager.

Note: Payment will be sent direct deposit only if the Payee Name on your Electronic Payment Authorization matches the Payee name on file with the State of Florida Vendor Payment System.

TERMS AND CONDITIONS TERMS AND CONDITIONS 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. The authorization will become active ten calendar days after the pre-notification is originated. The process will be repeated with the corrected information if your financial institution returns a correction to us.

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 The authorization will remain in effect until withdrawn in writing with sufficient notice to the State to allow adequate time to effect termination.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 Electronic Payment Authorization form.

This form authorizes the State of Florida to initiate credit entries and, if necessary, a reversing entry in accordance with NACHA rules Article II, Sections 2.4 and 2.5 in order to correct a credit entry made in error. This entry is not made without prior notice to the payee and only if the entire amount of the payment is not due to the payee. The reversing entry can be initiated only within five (5) banking days of the deposit effective date.

**Sample Letter for transmittal from bank personnel to Department of
Financial Services, State of Florida. Completed Letter Must Be
Attached to Electronic Payment Authorization Form**

MUST BE ON FINANCIAL INSTITUTION'S LETTERHEAD

(Date)

Direct Deposit Section
Department of Financial Services
Room 414, Fletcher Building
200 E. Gaines St.
Tallahassee, Florida 32399-0359

To Whom It May Concern:

I have verified that the account and transit-routing numbers provided on the attached State of Florida Electronic Payment Authorization form for *(enter the payee name from the form)* are correct. I have further verified that *(enter the name of the person whose signature is on the authorization form)* is authorized to sign on the account provided and that this is *(his/her)* signature. If you have any questions, please call me at *(Telephone No.)*

Sincerely,

(Signature of bank officer)
(Typed Name of bank officer)
(Title)

General Information

Dear Sir or Madam:

Thank you for your interest in receiving your payments from the State of Florida by direct deposit. The State makes these payments using the Automated Clearing House (ACH) network and the CTX record format. This information is relevant to your financial institution and may be important to you if you receive electronic account information from you financial institution.

Many firms express a concern about the State having access to their account at their chosen financial institution. Direct Deposit does not give the State access to a firm's bank account. The State creates an Automated Clearing House (ACH) transaction and sends it to its bank. The State's bank sends it to an authorized ACH transmitter. The firm's financial institution retrieves its ACH transactions from the authorized ACH transmitter. The financial institution then posts those transactions to the firm's account. The State has no means of accessing any information about a firm's account.

The application, instructions and a sample of a letter that is required from your bank are in the preceding pages. It is necessary that you mail us the completed originals; we haven't reached the electronic sign-up stage, yet. Direct Deposit becomes effective approximately 3 weeks following our receipt of the completed forms.

The name that you give us for the Direct Deposit Authorization and the name used by the State to pay you must be identical for your payments to be made through direct deposit. This means that you should use the first line of payee exactly as it appears on the warrants you are now receiving as the name of your company since that is how you are paid. It is important to note that this authorization applies to all payments to your organization by the State of Florida. That needs to be a consideration in your planning. The State cannot support sending different kinds of payments to different accounts at this time. All payments will be sent to the single account you designate.

You may monitor payments made to you on our web site at <http://flair.dbf.state.fl.us>. All payments are shown, not just those made by direct deposit. The site does not show pending payments at this time. We also have an IVR system at (850) 413-7269 that may be used to monitor both pending payments and those already made. You may determine the effective date of your Direct Deposit Authorization by calling (850) 413-7262 and following those instructions. You should wait about 10 days following mailing the documents to call and, if there is no information at that time, please contact us so that we can make sure there is no problem and that the documents have been received.

Please contact us at (850) 410-9466 or e-mail directdeposit@dfs.state.fl.us if you have any questions or if we may be of assistance.

Sincerely,

Direct Deposit Team