

Please leave this area blank

**PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!**  
**For a Start or Change all boxes must be completed;**  
**do not leave information blank!**

**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 last name on this form matches the last name on your W-4 on file with your personnel office. Your direct deposit will not start if the last names do not match. If you change your last name on your W-4, you also must change your last name for direct deposit. You may fax a copy of signed, revised W-4 to the number below to make the change.

**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 **Name Change Only** if you are changing only your name to correspond to your W-4. Complete the top portion of the form and sign and date it.
4. Check **Stop** if you wish to stop your direct deposit. Stops are processed the day they are received.

**Account Number:** Please make sure the account number written on this form is correct.

**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.

**If you're not sure about your Account information , PLEASE CONTACT YOUR FINANCIAL INSTITUTION.**

**AGREEMENT**

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 This direct deposit is to remain in effect until withdrawn by: (a) me in writing with sufficient notice to the State to allow adequate time to effect termination; (b) my death or legal incapacity; (c) the financial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.

**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 payment in the mail.

**Forms with deposit slips attached will be rejected; the banking codes are not correct.**

**Tape a voided personal check here for verification.**

**If a savings account, please verify account information with your financial institution.**



Your Social Security Number																			
Last Name,				First Name				M.I.											
Your Home Mailing Address (Number, Street)																			
City																			
State						Zip Code													
Work Telephone ( )						Other Telephone (home, cell, etc.) ( )													
Direct Deposit Action Requested (Check Only One)				(1) Start.....				(2) Change.....				(3) Name Change Only.....				(4) Stop.....			
				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
For State of Florida Employees only.																			
Account Type (Check Only One)				(1) Checking .....				(2) Savings .....											
				<input type="checkbox"/>				<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 ( )																			
Employee or Legal Representative Signature								Date											

**THIS FORM MUST BE SIGNED AND DATED BY PAYEE**  
Signature above signifies acceptance of the terms and conditions in **AGREEMENT** to the right.

**State employees may view salary payments and expense reimbursements at <https://flair.dbf.state.fl.us>**

FAX to: (850) 413-5549 If you fax your form, retain the original, do not mail it.	Or mail to: Direct Deposit Section Department of Financial Services 200 East Gaines Street Tallahassee, FL 32399-0359
Telephone (850) 413-5517	

**Please allow 4 to 6 weeks for your direct deposit to begin.**