

STATE OF FLORIDA
Division of Treasury
ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with/without an addendum record that could contain payment related information. Recipients of these payments must bring this information to the attention of the State Treasurer's Office when presenting this form for completion.

REMITTER INFORMATION	
COMPANY/REMITTER NAME:	
ADDRESS:	
	ACH FORMAT: × CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> PPD <input type="checkbox"/> OTHER
CONTACT PERSON NAME:	TELEPHONE NUMBER:
ADDITIONAL INFORMATION:	

PAYEE/COMPANY INFORMATION	
NAME Department of Management Services	SSN OR TAXPAYER ID NO:
ADDRESS: 4050 Esplanade Way, Suite 280	*AGENCY LOCATION/ID= CODE: (15 digits max.) 001009073458
Tallahassee FL, 32399-0950	
CONTACT PERSON NAME: Mitchell Clark, Chief Bureau of Financial Services	TELEPHONE NUMBER: (850) 487-9888
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	DATE:

***THIS PAYMENT MUST INCLUDE THE "AGENCY LOCATION/ID= CODE" IN FIELD "7" OF THE DETAIL RECORD WHEN SETTING UP PAYMENT. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY DELAY OR PREVENT THE RECEIPT OF PAYMENT.**

FINANCIAL INSTITUTION INFORMATION	
NAME: Bank of America	
ADDRESS: 3430 Thomasville Road	
Tallahassee, Florida 32309	
NINE-DIGIT ROUTING TRANSIT NUMBER: 063100277	
DEPOSITOR ACCOUNT TITLE: State of Florida, Department of Financial Services, Chief Financial Officer – Dept of Management Services	
DEPOSITOR ACCOUNT NUMBER: 001009073458	
TYPE OF ACCOUNT: <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	LOCKBOX NUMBER:

FINANCIAL INSTITUTION APPROVAL INFORMATION	
SIGNATURE AND TITLE OF FINANCIAL INSTITUTION OFFICIAL:	DATE: