

**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: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> PPD <input type="checkbox"/> OTHER	
CONTACT PERSON NAME: PRINTED: _____	TELEPHONE NUMBER:
SIGNATURE:	()
ADDITIONAL INFORMATION:	
CHARTER NUMBER:	FAX NUMBER:

PAYEE/COMPANY INFORMATION	
NAME: (22 digits max.) DFS OFR	SSN OR TAXPAYER ID NO: 59-6001874
ADDRESS: 200 E. GAINES ST, STE 636, FLETCHER BLDG, TALLAHASSEE, FL 32399-0371	*AGENCY LOCATION/ID= CODE: (15 digits max.) OFR DFI
CONTACT PERSON NAME: KATHY CULPEPPER OR JOHN PULLEN	TELEPHONE NUMBER: (850) 410-9800
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	DATE:

***THE PAYMENT MUST INCLUDE THE "DFS AGENCY LOCATION/ID= CODE" IN FIELD "7" OF THE ENTRY 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- OFR	
DEPOSITOR ACCOUNT NUMBER: 898027340997	
TYPE OF ACCOUNT: <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	LOCKBOX NUMBER:

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

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