

**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 checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> PPD <input type="checkbox"/> OTHER
CONTACT PERSON NAME & EMAIL ADDRESS:	TELEPHONE NUMBER:
ADDITIONAL INFORMATION: MyFloridaMarketPlace Vendor Usage Fee	

PAYEE/COMPANY INFORMATION	
NAME Department of Management Services	SSN OR TAXPAYER ID NO: 59-3458983
ADDRESS: 4050 Esplanade Way, Suite 280	*AGENCY LOCATION/ID= CODE: (15 digits max.) 7200000
Tallahassee FL, 32399-0950	
CONTACT PERSON NAME: Kelly McMullen, Chief Bureau of Financial Management Services	TELEPHONE NUMBER: (850) 487-0950
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: Wells Fargo Bank	
ADDRESS: 1 Independent Drive	
Jacksonville, Florida 32202	
NINE-DIGIT ROUTING TRANSIT NUMBER: 121000248	
DEPOSITOR ACCOUNT TITLE: State of Florida, Department of Financial Services	
DEPOSITOR ACCOUNT NUMBER: 4859859712	
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: