



e-Services Enrollment and Authorization for Other Agency Payments

DR-600A
R. 11/17

Section 1 – Check the Box That Applies

<input type="checkbox"/> Initial enrollment Complete all sections	<input type="checkbox"/> Change in filing/payment method Complete sections 2, 4, 5, and 6	<input type="checkbox"/> Bank change Complete sections 2, 5, and 6	<input type="checkbox"/> Contact information change Complete sections 2, 3, and 6
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Section 2 – Business Information

Business entity name	Type of remittance/fee
FEIN	License/Permit/Agency number (if different from FEIN)
Physical address	City/State/ZIP
Telephone number (include area code)	Fax number (include area code)

Check Entity Type:

<input type="checkbox"/> Corporation (check type) →	<input type="checkbox"/> C Corp	<input type="checkbox"/> S Corp	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Partnership (check type) →	<input type="checkbox"/> General	<input type="checkbox"/> Limited	
<input type="checkbox"/> Limited Liability Company (check type) →	<input type="checkbox"/> Single Member	<input type="checkbox"/> Multi-member	
<input type="checkbox"/> Sole Proprietorship			
<input type="checkbox"/> Business Trust			
<input type="checkbox"/> Governmental Agency			

Section 3 – Contact Information

Electronic Payment Contact Person's Information

Name	
Mailing address	City/State/ZIP
Telephone number (include area code)	Fax number (include area code)
Email address	

Section 4 – Remittance/Fee Type Payment Method Selection

Locate the remittance or fee type, select the payment method you intend to use, and check the appropriate box.

Type of Remittance or Fee	EFT only (ACH-Debit)	EFT only (ACH-Credit)*
DMS - Florida Retirement System contributions	<input type="checkbox"/>	<input type="checkbox"/>
DMS - Division of State Group Insurance premiums (universities)	<input type="checkbox"/>	<input type="checkbox"/>
BPR - Beverage and Tobacco taxes and fees <input type="checkbox"/> Liquor <input type="checkbox"/> Beer <input type="checkbox"/> Imported Wine <input type="checkbox"/> Domestic Wine <input type="checkbox"/> Direct Wine <input type="checkbox"/> Cigarette Stamp <input type="checkbox"/> Other Tobacco <input type="checkbox"/> Passenger Vessel	<input type="checkbox"/>	<input type="checkbox"/>
BPR - Pari-Mutuel taxes and fees	<input type="checkbox"/>	<input type="checkbox"/>
BPR - Pari-Mutuel slot receipts and fees	<input type="checkbox"/>	<input type="checkbox"/>
BPR - Pari-Mutuel cardroom receipts and fees	<input type="checkbox"/>	<input type="checkbox"/>

* You must supply a letter that states a valid business reason for selecting the ACH-Credit payment method. Valid reasons include your previous use of this method in other business-related activities, or internal controls within your business regarding ACH transfers.

Section 5 – Banking Information (not required for ACH-Credit)

Bank Name _____ ABA Routing/Transit No.

Bank Account No. _____

Account Type Business Checking Personal Checking Business Savings Personal Savings

Note: Due to federal security requirements, we cannot process international ACH transactions. If any portion of the money used in payments you will make will come from financial institutions located outside of the US or its territories for the purpose of funding these payments, please contact us to make other payment arrangements. If you are unsure, please contact your financial institution.

Section 6 – Enrollee Authorization and Agreement

This is an Agreement between the Florida Department of Revenue, hereinafter “the Department,” and the business entity named herein, hereinafter “the Enrollee,” entered into according to the provisions of the Florida Statutes and the Florida Administrative Code.

By completing this agreement and submitting this enrollment request, the Enrollee applies and is hereby authorized by the Department to make tax and fee payments, and transmit remittances to the Department electronically. This agreement represents the entire understanding of the parties in relation to the electronic transmission of tax and fee payments.

The same statute and rule sections that pertain to all manual payments made by the Enrollee also govern a payment made electronically according to this enrollment.

I certify that I am authorized to sign on behalf of the business entity identified herein, and that all information provided in this document has been personally reviewed by me and the facts stated in it are true. According to the payment method selected, I hereby authorize the Department to present debit entries into the bank account referenced above at the depository designated herein (ACH-Debit), or I am authorized to register for the ACH-Credit payment privilege and accept all responsibility for the filing of payments through the ACH-Credit method.

_____ Signature	_____ Title	_____ Date
_____ Print Name	_____ Telephone Number	
_____ Second Signature (if dual signature account)	_____ Title	_____ Date

<p>Complete and mail this form to: Account Management MS 1-5730 Florida Department of Revenue 5050 W Tennessee St Tallahassee FL 32399-0160 Fax 850-488-5997</p>	<p>floridarevenue.com</p>	<p>Call for assistance: 850-488-6800</p>
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