



Enrollment and Authorization for e-Services Program

DR-600A
R. 06/10

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, & 6
---	--	--	---

Section 2 – Business Information

Business entity name	Type of remittance/fee
FEIN/SSN	License/Permit/Agency number (if different from FEIN/SSN)
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)
E-mail address	

Section 4 – Fee/Remittance 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 - Tobacco fees	<input type="checkbox"/>	<input type="checkbox"/>
BPR - Beverage fees	<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 card room receipts and fees	<input type="checkbox"/>	<input type="checkbox"/>
DOR - Local governments (Red Light Camera Fines)	<input type="checkbox"/> online filing with ACH Debit only	

*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

Note: Section 5 is not required for ACH Credit payment method.

Bank Name _____ ABA Routing/Transit No.

Bank Account No. _____

Account Type Business Checking Personal Checking Business Savings Personal Savings

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 above, 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: e-Services Unit Florida Department of Revenue PO Box 5885 Tallahassee FL 32314-5885 Fax 850-922-5088</p>	<p>www.myflorida.com/dor</p>	<p>Call for assistance: 800-352-3671</p>
--	--	---