

Sunbiz E-file Account Deposit Slip

Please check this box and highlight any changes that you made to your account information below.

Check Number: _____ Check Amount: _____

Sunbiz E-file Account Number: _____

Account Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____-____ Fax: (____) ____-____

Contact Person: _____

Signature: _____

*******Note*******

Make checks payable to: Florida Department of State

Each check submitted for deposit must be a minimum of \$300.

Checks must be from the Sunbiz E-File Account Holder (no 3rd party checks).

A Sunbiz E-File Account deposit slip must accompany each check submitted.

Mailing Address

**Division of Corporations
Public Access Accounts
PO Box 6327
Tallahassee, FL 32314**

Courier Address

**Division of Corporations
Public Access Accounts
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**