Florida Integrated Payee System (FLIPS)
Agency Request Payee Request Form

Part I: Reason for Request
☐ ACH Enrollment Process to FLAIR (Invite to FLIPS now)
☐ Invite existing Payee Hold for Florida PALM (Invite to FLIPS later)

Part II: Payee Information
Payee Country:
Payee Name:
If applicable, Doing Business As Name:
Payee Type: (Select one) ☐ Payee ☐ Foreign Payee *For Department of Financial Services use only:* ☐ HCM-D ☐ HCM-G ☐ Payroll Beneficiary ☐ Risk Management
Recipient Type: (If applicable) ☐ District School Boards ☐ Domestic Contractor Outside US ☐ Federal Agency ☐ For Profit Organization Includes Sole Proprietor ☐ Legislator ☐ Local Government ☐ Minority Institution ☐ Non-Profit Organization ☐ Private Universities ☐ State Community Colleges ☐ State Universities ☐ State Agency
Payee Contact First Name:
Payee Contact Last Name:
Payee Contact Email Address:
Payee Contact Phone Number:
Contact Type: ☐ Accounts Payable ☐ Accounts Receivable ☐ Bank Reference Contact ☐ Billing ☐ Owner/Principal Officer ☐ Tax Representative ☐ Other:
Date of last payment issued by the Agency:
Agency Contact:
Date of request: Agency Contact phone number: