



Money Order Deposit Form

For Inmate Deposits

Things to know before sending a payment.

You must be on the recipient's Approved Visitors List to send the recipient money. To request that your name is placed on the Approved Visitors List, please follow the below instructions:

1. Visit the Florida Department of Corrections Homepage (fdc.myflorida.com).
2. Select Visiting Information.
3. Download and complete the Visitation Application Form.
4. Mail or email the form to the Classification Department at the recipient's current location.

If approved, you will become an approved visitor of the recipient and be placed on the list. All fields in the attached deposit form must be completed and legible to avoid a delay in processing the payment. Do not send cash. Do not include any letters or notes with your payment because these will be discarded. Verify that the recipient's name and DC# are entered correctly on the deposit form.

There is no fee for sending money via money order, cashier's check, or certified bank draft. We may reject your payment if (1) you are not an approved visitor of the recipient, (2) you did not include a copy of your valid identification (driver's license, state identification, or passport), (3) you did not include your email or mailing address, or (4) the amount of the payment exceeds the limits for the payment type. If we reject your payment, we will return the funds back to the address provided by you on the Deposit Form. You could also fund the recipient's account through the mobile app, website, or the toll-free number.

The privacy statement explaining the collection and use of your information through your interaction with the CorrectPay services and the CorrectPay end user agreement can be found at the bottom of the www.correctpay.com webpage. For questions or complaints regarding this Deposit Form, please call (855) 836-3364. For more information regarding the Transmitter Licenses & Disclosures, Consumer Notices, or for questions or complaints regarding the money transmission service which has been provided by NIC Services, LLC (NIC Payment Solutions in Hawaii, New Jersey & Wisconsin) dba Tyler Payments Services, an affiliate of VendEngine, Inc., call (888) 853-0663 or www.correctpay.com.

We are not responsible for money orders, cashier's checks, or certified bank drafts lost in the mail or otherwise lost in transit, or which did not reach the intended recipient for reasons beyond our control. In the event your deposit is returned, rejected, or insufficient, you agree we reserve the right to assess a fee, pursue collections, restrict future deposits, and/or seek additional available remedies.

* Deposits will not process on holidays and weekends. Delivery timing subject to depositor verification

HOW TO SEND A MONEY ORDER, CASHIER'S CHECK, OR CERTIFIED BANK DRAFT



Complete the Money Order Deposit Form
That is included at the bottom by typing or using blue or black ink.



Make the money order, cashier's check, or certified bank draft payable to CorrectPay.
You can include the inmate's name & ID on the "memo" or "used for" line. We recommend using US Postal Money Orders.



Place the money order, cashier's check, or certified bank draft and the deposit form in an envelope with a copy of your valid identification. Make a copy of this form to serve as your receipt.



Mail to: FL DOC Inmate Deposits
PO Box 25900 Bradenton FL 34206-5900.

Money Order Deposit Form **ALL FIELDS REQUIRED**

For inmate deposits

Mail to: FL DOC Inmate Deposits PO Box 25900 Bradenton FL 34206-5900

Today's Date (MM DD YYYY)

Payment Amount

\$

Inmate's DC#

Recipient's State

Your Date of Birth (MM DD YYYY)

Maximum \$999.99 for money orders and \$3,000 for cashier's check or certified bank draft

Money Order, Cashier's Check, or Certified Bank Draft Number This is used as your receipt

Inmate's Full Name (Last, First)

Facility (Current Location of Recipient)

Your Email* (*Optional - Person Making Payment)

Your Phone Number (Person Making Payment)

Your First Name (Person Making Payment)

Middle Initial **Your Last Name** (Person Making Payment)

Your Address (Person Making Payment)

Your City (Person Making Payment)

Your State

Your Zip