


MEMORANDUM

TO: Miami-Dade County Public Schools Employees

FROM: Odalis J. Garces, District Director
Payroll Department 

SUBJECT: PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

Per your request, attached please find a Payroll Deduction Direct Deposit Authorization form (FM-4679).

You may use this form if you select option 1. **Do not complete this form to enroll in direct deposit to the South Florida Educational Federal Credit Union (Option 2). To do so, you must contact a Credit Union branch directly at (305) 270-5245 (main branch).**

The following provides detailed instructions for the options available using this form:

1. To enroll in direct deposit to any financial institution that allows electronic funds transfers, you must complete the Payroll Deduction Direct Deposit Authorization form (FM-4679). Once you have completed and signed the form, you **must** attach a copy of a voided blank check or deposit slip, **and** provide the proper account/routing/transit numbers in the space provided. Additionally, you **must** attach a **legible copy** of your Driver's License.

NOTE: If you currently have direct deposit to the South Florida Educational Federal Credit Union, and you wish to switch to direct deposit to any other financial institution, you must cancel your direct deposit with the Credit Union **prior** to submitting the enclosed form.

Please mail your completed form and documents to:

Via School Mail: Mail Code 9321, Payroll Department, Room 614 - SBAB

Via U.S. Mail: Miami-Dade County Public Schools
1450 N.E. 2nd Avenue
Payroll Department – Room 614
Miami, FL 33132

NOTE: For security purposes, we can only accept **ORIGINAL** forms - - NO FAXES, NO E-MAILS.

If you have any questions, please do not hesitate to call the Deduction Control Section of the Payroll Department at (305) 995-1655 or Human Resources at (305) 995-7888.

OJG:ab
Attachment



PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

(Choose ONE of the following Options)

For security purposes, we can only accept ORIGINAL forms - - NO FAXES, NO E-MAILS.

Employee Name: (Last) _____ (First) _____ (M.I.) _____ Employee No. _____ Social Security No. (last 4 digits ONLY) XXX-XX-

Address (For Pay Card Purposes ONLY (No P.O. Box)) _____ City _____ State _____ Zip _____

OPTION 1 - _____ Financial Institution:

By signing below, I hereby authorize the Miami-Dade County School Board and the financial institution listed below to automatically deposit my net pay to:

Bank Name _____ Routing/Transit No. _____

Check One: _____ Checking _____ Savings Account No. _____

TAPE YOUR VOIDED CHECK HERE (Please DO NOT staple voided check!)
OR
Attach official bank documentation verifying account number and routing/transit number for electronic direct deposit

**OPTION 2 - _____ South Florida Educational Federal Credit Union:
(For New-Hires & Re-Hires ONLY)**

New-Hires/Re-Hires selecting this option must obtain a "signature of clearance" from Human Resources; and then, the confirmation stamp and account number information for a Credit Union official. **If you have chosen this option, and upon completion of the above-mentioned items, sign below and return this form to Human Resources.**

Signature of Clearance (Human Resources) _____ Date _____

Confirmation Stamp (Credit Union) _____ Date _____

Account No. _____

NOTE: Active employees must contact a Credit Union branch directly for account activation, changes and/or cancellations. Only official notification received directly from the Credit Union can be processed by the Payroll Department.

REQUIRED FOR ALL OPTIONS:

TAPE A LEGIBLE COPY OF YOUR VALID DRIVER'S LICENSE HERE

Please DO NOT Staple!

This authority is to remain in full force and effect until Miami-Dade County Public Schools has received written notification from me or my financial institution on its termination, in such time and in such manner as to afford Miami-Dade County Public Schools a reasonable time to act on it. If funds I am not entitled to are deposited to my account, I authorized the reversal of funds.

Employee Signature _____ Date _____

**NOTE: If you have chosen Option 1, return this form to the Payroll Department, Mail Code 9321, Room 614 – SBAB.
For security purposes, we can only accept ORIGINAL forms - - NO FAXES, NO E-MAILS.**