


MEMORANDUM

TO: Miami-Dade County Public Schools Employees

FROM: Odalis J. Garces, Administrative 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 2 of the attached form. **Do not complete this form to enroll in direct deposit to The Federal Educational Federal Credit Union (Option 1).** To do so, you must contact a Credit Union branch directly at (305) 270-5245 (main branch).

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

- 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. Please note that the information you enter on the form must match exactly with the attached voided check or deposit slip. Additionally, you **must** attach a **legible copy** of your Driver's License.

NOTE: If you currently have direct deposit to The Federal 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 Payroll Department at (305) 995-1669 or Human Resources at (305) 995-7888.

OJG:db
Attachment



PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION
(Choose ONE of the following Options)

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

Address: _____ City _____ State _____ Zip _____

Miami-Dade County Public Schools (MDCPS) requires that all employees establish direct deposit for payroll. Please select **one (1)** of the options below:

OPTION 1 - (For New-Hires & Re-Hires ONLY):

Educational Federal Credit Union (EdFed) is the official credit union for Miami-Dade County Public Schools. In addition to exclusive benefits available to you as an M-DCPS employee, EdFed typically provides, as a courtesy, **expedited credit of your bi-weekly payroll one day before the issued and scheduled pay date.** If you are not currently an EdFed member, please review additional information regarding your credit union benefits by visiting: edfed.org/MDCPS. You may open your new account by contacting EdFed's Member Outreach Department via phone (786) 775-5464 (M-F, 9 a.m. – 5:30 p.m.), via email: memberoutreach@edfed.org, or by visiting a local EdFed branch (edfed.org/locations) to immediately establish your account and finalize your direct deposit enrollment. By signing below, I authorize Miami-Dade County Public Schools and Educational Federal Credit Union to automatically deposit my funds into my bank account(s) at EdFed

New-Hires/Re-Hires selecting this option must obtain a "signature of clearance" from Human Resources; and then, the confirmation stamp from an EdFed employee. **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 (EdFed) _____

Date _____

OPTION 2:

You may elect to have direct deposit to another institution. Payroll credited via this option will be posted following the M-DCPS Payroll Processing Schedule.

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

☐ Checking

☐ Savings

Bank Name _____

Routing/Transit No. _____ Account No. _____

Changes to deposits to EdFed, including cancellations, must be initiated by contacting EdFed directly at the phone or email listed above. M-DCPS will process changes upon official notification from EdFed.

TAPE A VOIDED CHECK

(Please DO NOT Staple!)

*** A voided check must be provided to finalize your direct deposit enrollment. ***

If a voided check cannot be provided, attach official bank documentation verifying your account routing/transit number for electronic direct deposit.

**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 M-DCPS has received written notification from me (for Option 2) or my financial institution (Option 1 and 2) on its termination, in such time and in such manner as to afford M-DCPS 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 2, 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.

FM-4679 Rev. (09-24)