## **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. <u>Do not complete this form to enroll in direct deposit to The Federal Educational Federal Credit Union (Option 1).</u> To do so, you must contact a Credit Union branch <u>directly</u> 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 <u>must</u> 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.

<u>NOTE</u>: 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

<u>Via U.S. Mail</u>: Miami-Dade County Public Schools

1450 N.E. 2<sup>nd</sup> 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 <u>ONE</u> of the following Options)

				X X X – X	X -				
Employee Name: (Last)	(First)	(M.I.)	Employee No.	Social Secu	X - rity No. (last 4	digits ONLY)			
Address: Miami-Dade County Public S	chools (MDCPS	) requires that	all employees estab	City olish direct depos	State sit for payroll.	Zip Please selec	et <b>one (1</b> ) of the opti	ons below:	
as a courtesy, <b>expedited cre</b> cregarding your credit union be p.m.), via email: memberoutre By signing below, I authorize Check One: Checking	on (EdFed) is the o dit of your bi-weel nefits by visiting: e ach@edfed.org, or Miami-Dade Count  Savings this option must of	fficial credit union (Iy payroll one edfed.org/MDCP by visiting a loc y Public Schools  Routing/Trans otain a "signature	day before the issued S. You may open your all EdFed branch (edfer and Educational Fed with No.: 267077821 are of clearance" from H	d and scheduled promew account by conditional definition of the decount No.:	pay date. If yo ontacting EdFe immediately ento automatica	ou are not curre ed's Member O stablish your ac lly deposit my r	ently an EdFed membe utreach Department vi count and finalize you net pay to:		on . – 5:30
Signature of Clearance (Huma	rance (Human Resources)			Date Confirmation Stamp (			dFed)	Date	
Changes to deposits to EdFed,	ncluding cancellation	ons, must be inition	ated by contacting EdFe	d directly at the pho	one or email list	ed above. M-DC	PS will process change	s upon official notification from EdFed.	
You may elect to have direct on By signing below, I authorize It Bank NameRouting/Transit No.	Miami-Dade County	Public Schools	and the financial instit	tution listed below t	to automaticall	y deposit my ne Check (	Processing Schedule. et pay to: One: Checking	Savings	
	TA	APE A VOII	DED CHECK						
(Please <u>DO NOT</u> Staple!)						TAPE A LEGIBLE COPY OF YOUR VALID DRIVER'S LICENSE HERE			
*** A voided check must be provided to finalize your direct deposit enrollment. ***							DRIVER 3 LICENSE HERE		
If a voided check can	•		cial bank docume electronic direct	•	ng your acco	ount	(Ple	ase DO NOT Staple!)	
This authority is to remain in full manner as to afford M-DCPS a I								) on its termination, in such time and i	in such
Employee Signature							Date		
	NOTE: If	ou have chees	n Ontion 2 return thi	is form to the Boy	roll Donartmo	nt Mail Code	0321 Poom 614 SE	ZAR	