



DIRECT DEPOSIT AUTHORIZATION FORM

Please accept this form as formal authorization to: _____
EMPLOYER'S NAME

Payroll department to deposit my paycheck (net or fixed amount) into the designated accounts as listed below:

EMPLOYEE NAME (PLEASE PRINT) **EMPLOYEE NUMBER (SOCIAL SECURITY NUMBER)**

I authorize my employer and Miami Federal Credit Union, my financial institution, to deposit the amount designated below, and to make any adjustments for any deposits made in error.

266080369

**FINANCIAL INSTITUTION IDENTIFICATION
ROUTING AND TRANSIT NUMBER**

FIXED AMOUNT

SHARE (SAVINGS) ACCOUNT NUMBER _____ \$ _____

SHARE DRAFT (CHECKING) ACCOUNT NUMBER _____ \$ _____

RECOMMEND DIRECT DEPOSIT EQUAL TO NET PAY

X _____
EMPLOYEE'S SIGNATURE

EMPLOYEE'S TELEPHONE NUMBER

**NOTICE: FORM MUST BE COMPLETED AND SUBMITTED TO YOUR EMPLOYER'S PAYROLL DEPARTMENT.
(NOT ALL EMPLOYERS WILL ACCEPT THIS FORM TO ESTABLISH DIRECT DEPOSIT)**

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