

DIRECT DEPOSIT SIGN-UP FORM

INSTRUCTIONS

To sign-up for DIRECT DEPOSIT you must read the information printed on the back of this form, fill in the requested information in Section 1 and
take this form to your financial institution. The financial institution must verify the information in Section 1 and complete Section 2.

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The completed (original) form must b	e returned	l to Miami-Dade Cou	nty - Fina	nce D	epartme	ent - /	Attn:	Payroll								
TYPE OF AGREEMENT: NEW Enro	TYPE OF AGREEMENT: NEW Enrollment (First Time)															
CANCEL E	xisting Dire	ect Deposit Enrollmen	t - Comp	lete S	ection 1	only										
CHANGE I	Bank Accou	unt (new Banking info	rmation v	vill au	itomatica	ally rep	place	existin	g Direct D	eposi	it enr	ollment)			
		SECTION 1 (To be con	npleted by	the En	nployee)											
NAME (please print)					IFICATION											
				I certify that I am entitled to the payment identified herein, and that I have read and understand the information printed on the back of this form. Pursuant to F.S. 532.04												
ADDRESS:				and as indicated above, I hereby authorize Miami-Dade County to:												
				De	posit my	net pa	y ch	eck dire	ctly into m	ny acc	ount	at the fi	nancial			
CITY	STATE	ZIP CODE	institution indicated in Section 2													
PHONE NUMBER:				Cancel my existing direct deposit enrollment												
EMAIL ADDRESS:																
EMPLOYEE ID # OR SOC. SEC. NUMBER (new employee)				Signature Date												
		SECTION 2 (To be cor	npleted by	the Fi	nancial In:	stitutio	n)									
NAME AND ADDRESS OF FINANCIAL INSTITUTION (Bank's stamp)				TYPE OF DEPOSITOR ACCOUNT: CHECKING SAVINGS												
	DEPOSITOR ACCOUNT NUMBER															
				<u> </u>												
			ABA ROUTING NUMBER CHECK DIGIT													
							-									
				DEPOSITOR ACCOUNT TITLE												
FINANCIAL INSTITUTION CERTIFICATION																
I confirm the identity of the above named												fy that ti	ne			
financial institution agrees to receive and	deposit the	e payment identified al	bove in acc	ordan	ice with f	NACHA	ope	rating ru	les and re	gulati	ons.					
PRINT REPRESENTATIVE'S NAME		SIGNATURE OF REPRES	OF REPRESENTATIVE				TELEPHONE NUMBER OR REPRESENTATIVE DATE						DATE			
							r									
Return properly completed (original) form to:										FOR COUNTY USE ONLY						
MIAMI-DADE COUNTY				Entered by:						_	// //					
FINANCE DEPARTMENT - Attn: PAYROLL 111 N.W 1st Street - Suite 2630		Verified by:						_	_/	/						
Miami, FL 33128 - 1980																

Incomplete, Coples, or Faxed Forms will not be processed

PLEASE READ THIS PAGE CAREFULLY

All information on this form is required. The information will be used to process payment data from the County to the financial institution indicated in Section 2 on the front side of this form. Failure to provide the requested information will prevent the processing of this form and prevent the receipt of payments through the DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER program.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the employee by written notice to the County in an appropriate manner.

The agreement represented by this authorization may be cancelled by the financial institution. The employee must immediately advise the County if the authorization has been cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the County but may at its own discretion refuse to accept a DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER.

The agreement represented by this authorization may be cancelled by the County. In the event of a cancellation, the employee will receive a paycheck in lieu of the deposit.

CHANGING FINANCIAL INSTITUTIONS OR ACCOUNT WITHIN THE SAME FINANCIAL INSTITUTION

To make any change, the employee must complete and submit a new authorization form. A new authorization form will automatically cancel the existing authorization and update the system with the new banking information. This change will not interrupt your direct deposit.



I understand that I am solely responsible for notifying the Payroll Section of the Finance Department of any changes in the information presented on front side of this form. I also understand and agree to the following:

- 1. In the event that a direct deposit cannot be processed for any pay period, I will receive a regular paycheck on the date it is due.
- 2. If there is an over deposit in my account, my next payroll deposit will be adjusted accordingly; or I will refund the full amount of the deposit and a payroll check will be issued for the correct amount; or the deposit will be stopped and payroll check will be issued for the correct amount after confirmation from the Federal Reserve Bank that the funds have been returned.
- 3. Should there be an under deposit to my account, my next payroll deposit will be adjusted accordingly or a payroll check will be issued for the under payment if deemed necessary.
- 4. If the financial institution closes my account or rejects my deposit for any reason, I will receive a payroll check only upon confirmation from the Federal Reserve Bank that the funds have been returned to the County's bank account.
- 5. I agree to hold my employer harmless for all consequential changes.