

RETIREE

PAGE 1 of 2

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

INSTRUCTIONS: Employee must complete **Section 1**, date and sign. **Section 2** must be completed by employee's financial institution, dated and signed; and **Section 3** must be completed by employee's Department Personnel Representative (DPR), dated and signed.

This form must be delivered **in person** to the Finance Department Payroll Section, or also **in person** to the employee's DPR to later be hand-delivered to our office. You will be asked to show proper identification when submitting this form.

TYPE OF AGREEMENT:

Check box →

- ☐ **NEW SET-UP**
☐ **CANCELLATION** (Complete Section 1 only)
☐ **CHANGE** (Financial institution and/or bank account. A separate cancellation form is not required)

SECTION 1 (To Be Completed by the Employee)

NAME (please print): ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">CITY</td> <td style="width: 33%;">STATE</td> <td style="width: 33%;">ZIP CODE</td> </tr> </table> PHONE NUMBER: EMAIL: EMPLOYEE ID#:	CITY	STATE	ZIP CODE	EMPLOYEE CERTIFICATION AND AUTHORIZATION I certify that I am entitled to the payment identified herein, and that I have read and understand page 2. Pursuant to F.S. 532.04 and as indicated below, I hereby authorize Miami-Dade County to: ☐ Deposit my net pay directly into my account at the financial institution indicated in <u>Section 2</u>. ☐ Cancel my existing direct deposit enrollment _____ Employee Signature _____/_____/_____ Date
CITY	STATE	ZIP CODE		

SECTION 2 (To Be Completed by the Financial Institution)

NAME AND ADDRESS OF FINANCIAL INSTITUTION (BANK'S STAMP)	TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS Account Number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> ABA Routing Number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> Check Digit <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> </tr> </table> DEPOSITOR ACCOUNT TITLE: _____																															

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above name payee, account number and title. As representative of the above name financial institution I certify that the financial institution agrees to receive and deposit the payment identified in accordance with NACHA operating rules and regulations.

PRINT REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE
			____/____/____

SECTION 3 (To be completed by the Employee's Department)

DPR OR DESIGNEE CERTIFICATION

I certify that I verified the identity of the above Miami-Dade County Employee (check box)

- ☐ Employee ID
☐ Driver's License

Printed Name and ID# _____ Signature _____ Date ____/____/____

Miami-Dade County - Finance Department - Payroll Section
 111 N.W. 1st Street - 26th Floor, Miami, FL 33128

FOR FINANCE USE ONLY

Processed by: _____ Date ____/____/____
 Verified by: _____ Date ____/____/____

RETIREE

INSTRUCTIONS FOR SUBMISSION OF PAYROLL DIRECT DEPOSIT FORM

PLEASE READ THIS PAGE CAREFULLY BEFORE COMPLETING AND SIGNING THIS FORM

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

BY SIGNING THIS FORM I UNDERSTAND AND ALSO AGREE TO THE FOLLOWING:

1. The agreement represented by this authorization remains in effect until I submit a new authorization form to change, or cancel my direct deposit.
2. I am solely responsible for notifying the Payroll Section of the Finance Department of any changes.
3. **To make any change** (change in financial institution and/or bank account) I must complete and submit a new authorization form. The new authorization form will automatically cancel the existing authorization, and update the system with the new banking information. This change will not interrupt my direct deposit process.
4. If the financial institution closes my account or rejects my direct deposit for any reason, a regular payroll check will be issued after confirmation from the Federal Reserve Bank that the funds have been returned to the County's bank account. I agree to hold my employer harmless for all consequential changes.
5. The financial institution cannot cancel this authorization by direct advice to the County, but may at its own discretion refuse to accept my DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER.
6. The agreement represented by this authorization may be cancelled by the County. In the event of a cancellation, I will receive a paycheck in lieu of the deposit.
7. 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.
8. If there is an over deposit into 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 deposit will be stopped and payroll check will be issued for the correct amount after full confirmation from the Federal Reserve Bank that the funds have been returned to the County's bank account.
9. Should there be an under deposit into my account, my next payroll deposit will be adjusted accordingly.
10. I must submit this properly completed Payroll Direct Deposit Authorization Form in person to the Finance Department Payroll Section located at 111 N.W. 1st Street, 26th floor, or also in person, to my Department Personnel Representative (DPR), and always show proper identification.
11. **NOTE: For out of city/state retirees, we will accept a properly completed original form accompanied by a copy of a valid photo identification.**