



CITY OF MIAMI BEACH DIRECT DEPOSIT DISTRIBUTION FORM

Member Name:			
Member #: (ACH Account ID)		Company ID*ODFI:	1596000372*06100010
Payroll #:	706		
Payroll Due Date:			

I hereby request and authorize the distribution or the change to the existing distribution, as stipulated below by DADE COUNTY FEDERAL CREDIT UNION from my direct deposit amount each pay period.

List All Distributions

Member #	Acct Type	Name Key (First 3 letters)	Amount
Total Distributions			

THE CREDIT UNION AND THE MEMBER AGREE TO INDEMNIFY AND HOLD HARMLESS THE EMPLOYER FROM ANY CLAIM OF DIRECT LOSS CAUSED AS A RESULT OF COMPLYING WITH SAID DISTRIBUTION.

Member Signature	Date
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Branch # _____ Operator # _____ Operator Signature _____