

JMH DIRECT DEPOSIT DISTRIBUTION FORM		
Member Name:		Company ID: (check one)
Member #:		600 - AFSCME
Payroll #:	303	400 - SEIU
Payroll Due Date:		300 - Non-union Payroll
		410 - Professionals BA
		500 - GSA
		700 - House Staff
		200 - MAP
		710 - Attending Physician
		310 - Non-union Physician
		100 - Executive

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	Amount
<p style="margin: 0;"><u>IMPORTANT!</u></p> <ul style="list-style-type: none"> Only 1 acct. should have "balance" checked off. Distributions to DCFCU loans will be given the highest priority. 			\$ _____ or <input type="checkbox"/> Balance
			\$ _____ or <input type="checkbox"/> Balance
			\$ _____ or <input type="checkbox"/> Balance
			\$ _____ or <input type="checkbox"/> Balance
			\$ _____ or <input type="checkbox"/> Balance
			\$ _____ or <input type="checkbox"/> Balance
			\$ _____ or <input type="checkbox"/> Balance
			\$ _____ or <input type="checkbox"/> Balance
			\$ _____ or <input type="checkbox"/> Balance

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 _____