

**DADE COUNTY - PAYROLL DEDUCTION MAINTENANCE FORM**

Primary Member# :		S.S.#:	
Last Name:		First Name:	
Payroll Due Date:		Payroll#:	<b>1-City of CG (BW)</b>
Switch Account	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	Old Account#:	

Start: <input type="checkbox"/>	Stop: <input type="checkbox"/>	Increase: <input type="checkbox"/>	Decrease: <input type="checkbox"/>	Redistribute: <input type="checkbox"/>
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I hereby request and authorize the deduction and / or the change (Increase or decrease) to an existing deduction, as stipulated below by DADE COUNTY FEDERAL CREDIT UNION from my salary or wages each pay period. Further, I request and authorize the transmittal of said amount to DCFCU to my share account and/or for payment on any present or past outstanding loan or loans extended to me by said Credit Union.

**TOTAL**

Member #	Account Suffix	Last Name	Amount

**IMPORTANT:** List all deductions *exactly* as it should appear in the system.



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 DEDUCTIONS.

Member Signature:	Date:
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Branch #: \_\_\_\_\_ Operator # : \_\_\_\_\_ Operator Name: \_\_\_\_\_