

DADE COUNTY - PAYROLL DEDUCTION MAINTENANCE FORM

Primary Member# :		S.S.#:	
Last Name:		First Name:	
Payroll Due Date:		Payroll#:	301-Dade County
Switch Account	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	Old Account#:	

Start:	<input type="text"/>	Stop:	<input type="text"/>	Increase:	<input type="text"/>	Decrease:	<input type="text"/>	Redistribute:	<input type="text"/>
--------	----------------------	-------	----------------------	-----------	----------------------	-----------	----------------------	---------------	----------------------

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:
-------------------	-------

Branch #: _____ Operator # : _____ Operator Name: _____