

JMh DIRECT DEPOSIT DISTRIBUTION FORM		
Member Name:		Company ID: (check one)  <input type="checkbox"/> 600 - AFSCME <input type="checkbox"/> 400 - SEIU <input type="checkbox"/> 300 - Non-union Payroll <input type="checkbox"/> 410 - Professionals BA <input type="checkbox"/> 500 - GSA <input type="checkbox"/> 700 - House Staff <input type="checkbox"/> 200 - MAP <input type="checkbox"/> 710 - Attending Physician <input type="checkbox"/> 310 - Non-union Physician <input type="checkbox"/> 100 - Executive
Member #:		
Payroll #:	303	
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	Amount
<p style="margin: 0;"><b>IMPORTANT!</b></p> <ul style="list-style-type: none"> <li>Only 1 acct. should have "balance" checked off.</li> <li>Distributions to DCFCU loans will be given the highest priority.</li> </ul>			\$ _____ or <input type="checkbox"/> Balance
			\$ _____ or <input type="checkbox"/> Balance
			\$ _____ or <input type="checkbox"/> Balance
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			\$ _____ 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 \_\_\_\_\_