DADE COUNTY FEDERAL
CREDIT UNION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize automatic deposit to my checking/savings account(s) indicated below in the financial institution named below.

This authorization is to remain in effect until written notification from me of its termination or change is received by Pay Center and in such manner timely manner as to present a reasonable opportunity for them to act.

_____ _____ _____

SIGNATURE **DATE**

Please allow two pay periods for a direct initiation, termination or change.

DEPOSITORY NAME:	Dade County Federal Credit Union 1500 NW 107TH Avenue Miami, Fl 33172
TRANSIT NUMBER:	266080107
MEMBER'S NAME:	
ACCOUNT NO.	
SAVINGS:	
CHECKING:	