

CITY OF MIAMI BEACH DIRECT DEPOSIT DISTRIBUTION FORM

ember Name: ember #:				
ember #:				
			Company ID*ODFI:	450000070*00400040
ACH Account ID)				1596000372*06100010
ayroll #:	7	06		
ayroll Due Date:				
hereby request and author	ize the distribu	ution or the chang	e to the existing distribution	n, as stipulated below by DADE COU
EDERAL CREDIT UNION f	rom my direct	deposit amount ea	ach pay period.	
		List <u>All</u>	Distributions	
			Name Key (First 3	
Member #		Acct Type	letters)	Amount
	Total Dis	stributions		
				ARMLESS THE EMPLOYER FROM
LAIM OF DIRECT LOSS C	CAUSED AS A	RESULT OF COM	MPLYING WITH SAID DIST	KIBUTION.
Member Signature				Date
welliner Signature				Dale