

**DIRECT DEPOSIT AUTHORIZATION
TO A FINANCIAL INSTITUTION**

FORWARD TO YOUR PAYROLL DEPARTMENT

PLEASE TYPE OR PRINT

Name of Employee:

Last	First	Middle Initial
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Social Security No. - () () () / () () / () () () ()

Direct deposit action requested (check one)

- Start
- Change
- Stop

Account # Type (check one)

- Checking** –First 6 Digits - () () () () () ()
- Savings** – All 8 Digits - - () () () () () () () ()

Name of Financial Institution: **Miami Firefighters Federal Credit Union**

Route &/or Transit No. **266080372**

Telephone No. **305-324-4004** Fax. **305-324-9881**

Signature of Employee

Date: ____ / ____ / ____