SOUTH FLORIDA FEDERAL CREDIT UNION
Thinking Outside the Box

1902 N.W. 14th Ave
Miami, FL 33125
(305) 545-0744

DIRECT DEPOSIT AUTHORIZATION FORM

Please accept this form as formal authorization to: _____
Employer's Name

Payroll department to deposit my paycheck (net or fixed amount) into the designated accounts
As listed below:

_____ _____
Employee Name (Please Print) Employee Number (Social Security Number)

I authorize my employer and South Florida Federal Credit Union, my financial institution, to deposit the amount designated below, and to make any adjustments for any deposits made in error.

266080686
Financial Institution Identification
Routing and Transit Number

For New Accounts- First time set up or, present employees adding a :new: or changing Financial institutions.

Legend- Savings; Primary Member number, checking ; MICR Number

Fixed amount

Savings Account Number _____ $ _____

Checking Account Number_____ $_____

RECOMMEND DIRECT DEPOSIT EQUAL TO NET PAY

_____ _____
Employee's Signature Employee's Telephone Number

(NOTICE: SUBMIT COMPLETED FORM TO EMPLOYER PAYROLL DEPARTMENT.
Not all employers will accept this form to established Direct Deposit)