

MEMORANDUM

TO: Miami-Dade County Public Schools Employees

FROM: Odalis J. Garces, Executive Director
Payroll Department 

SUBJECT: PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION FORM

Per your request, attached please find a Payroll Deduction Direct Deposit Authorization form (FM-4679).

You may use this form if you select either options 1 or 2. **Do not complete this form to enroll in direct deposit to the South Florida Educational Federal Credit Union. To do so, you must contact a Credit Union branch directly at (305) 270-5245 (main branch).**

The following provides detailed instructions for the options available using this form;

1. To enroll in direct deposit to any financial institution that allows electronic funds transfers, you must complete the Payroll Deduction Direct Deposit Authorization form (FM-4679). Once you have completed and signed the form, attach a copy of a voided blank check or provide the proper account/routing/transit numbers in the space provided.
2. To enroll in the "Payroll Debit Card" program, you must complete the Payroll Deduction Direct Deposit Authorization form (FM-4679). Once the form has been received and processed, your personal information, such as: name, address, date of birth and social security number, will be submitted to Skylight Financial, Inc. Skylight will mail an informational packet, which will include the "Payroll Debit Card", etc., to your home address.

Please note that if you select either option, there will be a pre-note process, which will result in a "paper check", before the funds are electronically deposited. The pre-note process, which is done to detect any problems with your bank's routing and transit number and/or your account number, normally takes from four (4) to six (6) weeks. Once this process has been completed, your funds will be electronically deposited.

Any changes to your bank routing and transit number or account number (including closing your account), must be reported in writing to this office prior to the end of the pay period in which the change is effective. All changes require another "pre-note" process to detect any problems.

NOTE: If you currently have direct deposit to the South Florida Educational Federal Credit Union, and you wish to switch to direct deposit to any other financial institution (including the "Payroll Debit Card"), you must cancel your direct deposit with the Credit Union prior to submitting the enclosed form.

Please mail your completed forms to:

(via school mail) Mail Code 9999, Payroll Department/Deduction Control Unit, SBAB - Room 607

(via U.S. mail) Miami-Dade County Public Schools, Payroll Department/Deduction Control Unit,
1450 N.E. 2nd Avenue – Room 607, Miami, FL, 33132

Or via fax to: (305) 995-1644

If you have any questions, please do not hesitate to call the Deduction Control Section of the Payroll Department at (305) 995-1655 or Human Resources at (305) 995-7888.

OJG:cgb
Attachment



PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

Employee Name (Last) (First) (M.I.) Employee No. Social Security No.

Address (No P.O. Box) for Pay Card Purposes Only City State Zip

OPTION 1:

By signing below, I hereby authorize the Miami-Dade County School Board and the financial institution listed below to automatically deposit my net pay to:

Bank Name _____ Routing/Transit No. _____

Check one: _____ Checking _____ Savings Account No. _____

**TAPE YOUR VOIDED CHECK OR DEPOSIT SLIP HERE
PLEASE DO NOT STAPLE**

OPTION 2: _____ Skylight Pay Card

By signing below, I acknowledge intent to establish a direct deposit account with Skylight, to be used for receipt of pay or other funds owed to me by Miami-Dade County Public Schools. I agree to be bound by all terms and conditions to be provided by Skylight.

OPTION 3: _____ South Florida Educational Federal Credit Union

(For New-Hires & Re-Hires ONLY)

New-hires/Re-hires selecting this option must obtain a "signature of clearance" from Human Resources; and then, the confirmation stamp and account number information from a Credit Union official. **If you have chosen this option, and upon completion of these items, sign below and return this form to Human Resources.**

Signature of Clearance (Human Resources): _____ Date _____

Confirmation Stamp (Credit Union): _____ Date _____

Account No.: _____

NOTE: Active employees must contact a Credit Union branch directly for account activation, changes and/or cancellations. Only official notification received directly from the Credit Union can be processed by the Payroll Dept.

This authority is to remain in full force and effect until Miami-Dade County Public Schools has received written notification from me or my financial institution on its termination in such time and in such manner as to afford Miami-Dade County Public Schools a reasonable time to act on it.

If funds I am not entitled to are deposited to my account, I authorize the reversal of funds.

Employee Signature _____ Date _____

If you have chosen Option 1 or 2; return this form to the Payroll Deduction Unit, Mail Code 9321, Rm. 607.