

MIAMI DADE COLLEGE

DIRECT DEPOSIT AUTHORIZATION AGREEMENT TO TERMINATE AUTOMATIC DEPOSIT COVERS ALL PAYROLL PAYMENTS DUE

Please stop my direct deposit for account # _____ from bank _____
(old bank account number)

(name of financial institution) as of _____
(effective date of change)

If I want to re-start direct deposit at any time, I will submit a new enrollment form to the

Benefits Department. I can be reached at _____ if you need to
(daytime phone number)
contact me about this matter.

Thank you,

(Employee's signature)

(Employee's printed name)

(MDID#)

SEND TO:

Interoffice address:
Payroll Department
Kendall Campus

Regular mail address:
Payroll Department
Miami Dade College
11011 SW 104 St
Miami, FL 33176

***Full-Time employees who use the South Florida Educational FCU, please go directly
to the Credit Union to stop or change direct deposit for this institution****