



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
COVERS ALL PAYROLL PAYMENTS DUE**

ID NUMBER 59-1210485

I hereby authorize Miami Dade College, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named below, hereinafter called FINANCIAL INSTITUTION to credit and/or debit the same to such account.

Financial Institution
Name:

Branch Name:

Branch Address:

Checking

Savings

Transit Routing No.*:

Account No.:

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name:

SSN #:

Employee Signature:

Date:

Phone Number:

E-mail:

***Attach voided sample check; top portion of statement or other bank document reflecting bank number and account number.**

To be completed by Payroll

Effective Pay Date _____

Pay Class: _____

Original to Payroll.
Please retain a copy for your records.
Revised 11/07