Polk County School Board Direct Deposit to MIDFLORIDA Credit Union

Use these forms if you are a PCSB employee and would like to establish a new direct deposit or update your payroll allocations to your MIDFLORIDA accounts.

Definitions: **Allocation**: A portion of your payroll you want distributed to various MIDFLORIDA accounts, such as a loan or savings account

Net Direct Deposit: The remainder of your pay after all allocations have been distributed

Forms: **Automatic Deposit Authorization Agreement:** Complete this form, which is required by the PCSB, to establish or change your net direct deposit account at MIDFLORIDA.

1. Select the box to indicate if you are establishing a new net direct deposit or changing an existing net direct deposit.
2. Select the box for the type of account your net direct deposit will post to.
3. Enter your full account number where the net direct deposit will post.
4. Sign, date and print your name.
5. Enter your SAP # and the last four digits of your Social Security number.

Payroll Deduction/Direct Deposit Authorization: Complete this form to set up or change your allocations at MIDFLORIDA.

1. Enter your name, Social Security number, member number and payroll company
2. Select the box to indicate whether you want to start, change or stop allocations.
3. List any allocations you would like to make to your MIDFLORIDA accounts other than your net direct deposit account.

   NOTE – If you are making a change, please list all allocations you want--even those not changing. For example: You currently have 2 allocations: $100 to a car loan and $50 to a Holiday Club account. You would like to add an allocation of $10 to your child's Youth Savings account.

   Complete the form as follows:

Amount	Account #	Last Name	Account Type
$100	12345	John Doe	Loan
$50	67890	John Doe	Savings
$10	54321	Child Doe	Savings

4. Enter the information for the account to receive your net direct deposit.
5. Sign, date and add your school name or department.

Please mail the Automatic Deposit Authorization Agreement and the Payroll Deduction/Direct Deposit Authorization (if applicable) to the following address or return to any MIDFLORIDA branch.

MIDFLORIDA Credit Union
Attn: Accounting
PO Box 8008
Lakeland, FL 33802-8008

AUTOMATIC DEPOSIT AUTHORIZATION AGREEMENT

NET PAY DIRECT DEPOSIT AUTHORIZATION FOR FINANCIAL INSTITUTIONS

School Board of Polk County employees must have their payroll checks automatically deposited to a financial institution that will accept Automated Clearing House receipts.

Direct Deposit Action Requested:
(check only one)

_____ Starting

_____ Change (changing from one account or bank to another)

Deposit to:
(check only one)

_____ Checking

_____ Saving

For **Checking** you must **attach/**staple a voided check **(Deposit slips are not accepted)**
For **Savings** you must **attach/**staple a letter from your bank on their letterhead.

Contact your Financial Institution for their transit routing number and your account number.

Financial Institution name: _____MIDFLORIDA Credit Union_____

Transit Routing Number (nine digits): _ _ _ _ _ _ _ _ _

Account Number: _____

AGREEMENT

I hereby authorize the School Board of Polk County to initiate credit entries and if necessary, debit entries and adjustments to my account at the above financial institution named. This authorization is to remain in effect until withdrawn by me, in writing, with sufficient notice to the School Board Payroll Department to allow adequate time to effect termination.

Employee Signature: _____ Date: ___/___/___

Print Name: (Last) _____ (First) _____ (MI) _____

SAP#: _____ **(required)** **SS#:** __ __ __ __

FORMS

ORIGINAL of FORM send to the Payroll Department with attached documentation
(you must have attached documentation or this cannot be processed)
Employee should make a copy & keep for their records.

MIDFLORIDA
Your community credit union

Payroll Deduction / Direct Deposit Authorization

I authorize my payroll company to deposit to my account(s) at MIDFLORIDA Credit Union. This authorization will continue in effect until it is revoked by me in writing. Revocation of this authorization must be made to MIDFLORIDA Credit Union.

Name: _____ SS#: _____

Account #: _____ Payroll Company: _____

PLEASE NOTE, ANY CURRENT ALLOCATION YOU WISH TO KEEP MUST BE LISTED BELOW, OTHERWISE THEY WILL BE REMOVED AND NO LONGER ALLOCATED AUTOMATICALLY.

MY PAYROLL DEDUCTION WILL BE DISTRIBUTED AS FOLLOWS:

AMOUNT	ACCOUNT #	LAST NAME	ACCOUNT TYPE*
	← Total Allocation		

***YOU CANNOT ALLOCATE FUNDS TO A LEASE ACCOUNT OR AN EXTERNAL PRODUCT (credit card, mortgage)**

Remainder of funds will be deposited to:

Account Name: _____ Account #: _____

Type: _____

I authorize MIDFLORIDA Credit Union to accomplish these specific distributions of my Payroll Deduction and Direct Deposit as described herein. Changes to the distribution of my Payroll Deduction or Direct Deposit, as shown above, except in the event of a paid out loan or a closed account, will require my written authorization. Except as otherwise provided, I understand that MIDFLORIDA Credit Union is not empowered to make any changes in the amount of distribution of my Payroll Deduction or Direct Deposit without my express written consent.

_____ _____
Member Signature Date

_____
School/Department

CREDIT UNION USE ONLY

Branch Accounting Department

Employee _____

Branch _____