



City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov
HUMAN RESOURCES DEPARTMENT, Compensation Division
Tel: (305) 673-7524

Direct Deposit Form

I hereby authorize and request the City of Miami Beach (hereinafter called the "City") to directly deposit my biweekly pay into the account and financial institution indicated below. Such direct deposit will be made on or before each scheduled pay date, unless I choose to terminate this agreement in writing to the City. If I decide to change the account and/or financial institution where my biweekly pay is being directly deposited, I will notify the City in writing and sign a form provided by the City. Any such notification of termination or change to the City shall become effective at the earliest time the City is able to implement it.

In the event the City erroneously deposits funds into my account, I authorize the City to debit my account for an amount not to exceed the original amount of the erroneous credit. I authorize the depository bank to refund to the City any deposits by the City to which I am not entitled and to debit my account in the amount of any deposits by the City to which I am not entitled. I agree to notify the City and the depository bank as soon as possible, but no later than 14 days, after becoming aware of any error in the direct deposit of funds.

It is expressly understood and agreed that the City is performing the above service as a convenience to the undersigned. I agree to indemnify and hold forever harmless the City from any claims, lawsuits, losses and damages, including attorney's fees and costs at the trial and all appellate levels, arising in connection with the City's direct deposit of monies, except in the case of bad faith on the part of the City.

Please provide a copy of a voided check or document indicating the routing code and your account number, issued from your financial institution.

Employee Name _____ Employee ID # _____

Employee Signature _____ Date _____

Employee Phone No. (_____) _____

Ext. _____

Employee Name _____

Please select (✓) the desired change(s):

<input type="checkbox"/>	New direct deposit	<input type="checkbox"/>	Change existing account information (Primary / Secondary)
<input type="checkbox"/>	Add secondary direct deposit(s) with flat amount only	<input type="checkbox"/>	Change amount for secondary account(s). Specify in "Additional Instructions" below.
<input type="checkbox"/>	Cancel (Primary / Secondary)	<input type="checkbox"/>	Reactivate direct deposit information which was previously deactivated

Account Information:

Type of Account (Checking / Savings) _____

Bank Name _____

Bank Account _____

Bank Routing Number _____

Is this your primary¹ or secondary² direct deposit? _____

Account Information:

Type of Account (Checking / Savings) _____

Bank Name _____

Bank Account _____

Bank Routing Number _____

Is this your primary¹ or secondary² direct deposit? _____

Account Information:

Type of Account (Checking / Savings) _____

Bank Name _____

Bank Account _____

Bank Routing Number _____

Is this your primary¹ or secondary² direct deposit? _____

Additional Instructions (i.e. amount to be deposited in secondary accounts): _____

¹ Primary direct deposit account receives an employee's net take home earnings.

² Secondary direct deposit account receives a specified flat amount from an employee's net take home earnings.