



Authorization to Transfer Funds (DCSMEC Dues)

Please print or type.

Member Name: _____

Member Account Number: _____

Member Phone: _____

Member Email: _____

M-DCPS Employee Number: _____

Transfer Amount:

- Job Codes 6016, 6220, 6502, 6503, 6504, 6505: \$18.63
- Job Codes 6018, 6021, 6025, 6110, 6200, 6221, 6321, 6331, 6350, 6351, 6501: \$25.56
- Job Codes 6005, 6019, 6020, 6030, 6041, 6281, 6283, 6287, 6310, 6325, 6327, 6328, 6356: \$30.46
- Job Codes 6312, 6400, 6440, 6445: \$31.19
- Job Codes 6006, 6039, 6280, 6285, 6309, 6317, 6329: \$33.49
- Job Codes 6222, 6311, 6315, 6316, 6319, 6320, 6357, 6358, 6392, 6402, 6442, 6448, 6449: \$34.59

I hereby authorize and instruct **Educational Federal Credit Union** ("EdFed") to transfer from my above identified account, on a biweekly basis, the amount selected above ("Transfer Amount") to the Dade County School Maintenance Employee Committee ("DCSMEC") account, commencing on or after the 14th day of June, 2023. Such transfers shall occur no more than 26 times during the school year per the DCSMEC Dues Schedule as published at www.DCSMEC.org, and my authorizations set forth below.

I acknowledge that my union dues may be adjusted from time to time in accordance with the Dues Schedule provided to me by DCSMEC. Accordingly, I authorize and request that the amounts transferred by EdFed pursuant to this Authorization correspond to the published DCSMEC Dues Schedule applicable at the time of each transfer.

To further facilitate and support this authorization, I have requested and hereby authorize DCSMEC to notify EdFed of any changes in the status of my employment from full time to part time, part time to full time, suspension of my dues for leaves of absence, or termination of my union membership. Upon receipt of such notices, EdFed is authorized and directed to make the necessary adjustments in the transfer amount.

I further authorize EdFed to provide DCSMEC with confirmation of payments transferred to the DCSMEC account and verification that I have executed this Authorization to Transfer Funds as a means of paying my union dues.

I acknowledge and understand that the foregoing authorization is voluntary and may be revoked by me at any time by providing written notice to EdFed.

Member's Signature: _____

Date: _____

EDRF001-5.0125



MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT

Type of Action NEW ACCOUNT	Member Group	Account Number
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First Name	Middle Name	Last Name	SSN/ITIN	
Date of Birth (mm/dd/yyyy)	Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Mobile	Work Phone Number	Email Address	
Name of Employer / School	Employee ID # / Student ID#	Occupation	Mother's Maiden Name	
Mailing Address		City	State	Zip Code
Physical Address (if different from mailing address)		City	State	Zip Code

I authorize the following shares and services to be opened:

- SAVINGS
 CHECKING
 ATM/DEBIT CARD
 ONLINE BANKING

MEMBERSHIP QUALIFICATION

I hereby make application for membership in Educational Federal Credit Union (Credit Union) and affirm that the information regarding my membership eligibility provided on this form is true and correct. I understand that my membership is contingent upon satisfactory verification of my eligibility in accordance with the Credit Union's Charter, and of my identity in accordance with the USA PATRIOT Act and other applicable laws and regulations. If I am joining the Credit Union as the result of participation in the Summer Youth Internship Program, I authorize the Credit Union to debit \$5.00 from my first deposit to activate my membership.

I am <input type="checkbox"/> employed by or <input type="checkbox"/> retired from: <input type="checkbox"/> MDCPS <input type="checkbox"/> MDC <input type="checkbox"/> UTD <input type="checkbox"/> Other	I am a student of: <input type="checkbox"/> MDCPS <input type="checkbox"/> MDC <input type="checkbox"/> Other	I am a member of the PTA/PTSA: _____ Unit Name	I am the immediate family member of, or share a household with, the following individual within the Credit Union's field of membership: Sponsor's Name: _____ Relationship to Sponsor: _____ Sponsor's Eligibility: _____
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ACCOUNT AGREEMENT

By my signature below, I authorize the Credit Union to establish a master member account for me and to open a Savings Account with any types of savings shares, including Prime Share, Special Savings share(s), and Money Market Savings share(s) which I may request from time to time verbally or in writing. I understand and agree that my member account is nonassignable and nontransferable to third parties. I authorize the Credit Union to perform a credit check or obtain a credit report at any time. I agree to conform to the Credit Union's bylaws, and to subscribe to at least one share. I understand and agree that I and all of my share(s) and account(s) with the Credit Union are subject to the separate Account Terms & Disclosures, Service Fee Schedule, and Electronic Funds Transfer Disclosure, and any future amendments thereof, all of which are fully incorporated by reference herein.

CERTIFICATION: Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). **INSTRUCTIONS:** If you have been notified by the IRS that you are subject to backup withholding you must cross out item (2). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Date Signed
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Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.