



AUTHORIZATION FOR CREDIT UNION DEDUCTIONS

Department of Finance, Payroll & Employee Benefits Division
141 Pryor Street S.W., Suite 7001
Atlanta, Georgia 30303
Telephone: 404-612-7724 or 404-612-7605
Fax: 404-730-7610

THIS FORM MUST NOT BE USED FOR DIRECT DEPOSIT/ NET PAY AMOUNT

(New Enrollments *MUST* include a voided check or bank verification for processing.)

Employee Name: _____ Employee ID: _____
Department: _____ Telephone #: _____

IN ORDER TO HAVE A PAYROLL DEDUCTION, YOU MUST HAVE AN ACTIVE ACCOUNT WITH THE CREDIT UNION(S) BELOW. PLEASE NOTE: IN MONTHS WHERE THERE ARE 3 PAYCHECKS, THE DEDUCTION WILL NOT TAKE PLACE ON THE 3RD PAY DAY.

I hereby authorize the Department of Finance of Fulton County, Georgia, to deduct from my salary the amount of \$ _____ per paycheck until further notice and to pay amounts so deducted to the: (check one)

<input type="checkbox"/>	Associated Federal Employees Credit Union	[CRED1]
	Routing Number: 261171338	
	Savings Account #: _____	
	Checking Account #: _____	
This withholding represents: (check one)		
<input type="checkbox"/>	*New Enrollment (<i>MUST</i> include voided check or bank verification for processing)*	
<input type="checkbox"/>	An Increase	<input type="checkbox"/> A decrease <input type="checkbox"/> Cancellation

<input type="checkbox"/>	Excel Employees Credit Union	[CRED2]
	Routing Number: 261071548	
	Savings Account #: _____	
	Checking Account #: _____	
This withholding represents: (check one)		
<input type="checkbox"/>	*New Enrollment (<i>MUST</i> include voided check or bank verification for processing)*	
<input type="checkbox"/>	An Increase	<input type="checkbox"/> A decrease <input type="checkbox"/> Cancellation

<input type="checkbox"/>	Atlanta City Employees Credit Union	[CRED3]
	Routing Number: 261071140	
	Savings Account #: _____	
	Checking Account #: _____	
This withholding represents: (check one)		
<input type="checkbox"/>	*New Enrollment (<i>MUST</i> include voided check or bank verification for processing)*	
<input type="checkbox"/>	An Increase	<input type="checkbox"/> A decrease <input type="checkbox"/> Cancellation

Signature: _____

Date: _____