

## DEPARTMENT OF FINANCE PENSION DIVISION

141 PRYOR STREET, S.W., SUITE 7001 ATLANTA, GEORGIA 30303 TELEPHONE (404) 612-7606 FAX: (404) 730-7809

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

## **AUTHORIZATION FOR CREDIT UNION DEDUCTIONS:** (New Enrollments *MUST* include a voided check or bank verification for processing.)

Retiree Name:			
Last 4 of SSN:		Telephone	#:
		HAVE AN A	CTIVE ACCOUNT WITH THE CREDIT
	UNION(	S) BELOW.	
I hereby authorize the Department of Finance of Fulton County, Georgia, to deduct from my pension check the			
amount of \$ per payche	ck until further no	tice and to pay	amounts so deducted to the: (check one)
Associated Federal Employees Credit Union		n	[CRED1]
Routing Number:	261171338		
Savings Account #:		<del></del>	
Checking Account #:			
This withholding represents: (check or	ne)		
*New Enrollment (	(MUST include vo	ided check or b	ank verification for processing)*
An Increase	A decrease	Cancellation	
Evan Employees Co	1°4 TT •		[CDED4]
Excel Employees Cr	east Union		[CRED2]
Routing Number:	261071548		[CRED2]
			[CRED2]
Routing Number:	261071548		[CRED2]
Routing Number: Savings Account #:	261071548		[CRED2]
Routing Number: Savings Account #: Checking Account #: This withholding represents: (check or	261071548ne)	· · · · · · · · · · · · · · · · · · ·	[CRED2] ank verification for processing)*
Routing Number: Savings Account #: Checking Account #: This withholding represents: (check or	261071548ne)	· · · · · · · · · · · · · · · · · · ·	
Routing Number: Savings Account #: Checking Account #: This withholding represents: (check or *New Enrollment (	261071548  me)  (MUST include vo	ided check or b	
Routing Number: Savings Account #: Checking Account #: This withholding represents: (check or *New Enrollment ( An Increase	261071548  me)  (MUST include vo	ided check or b	ank verification for processing)*
Routing Number: Savings Account #: Checking Account #: This withholding represents: (check or *New Enrollment ( An Increase  Atlanta City Employees Cr	261071548  ne) (MUST include vo A decrease	ided check or b  Cancellation	ank verification for processing)*
Routing Number: Savings Account #: Checking Account #: This withholding represents: (check or *New Enrollment ( An Increase  Atlanta City Employees Cr Routing Number:	261071548  me)  (MUST include vo  A decrease  redit Union  261071140	ided check or b Cancellation	ank verification for processing)*
Routing Number: Savings Account #: Checking Account #: This withholding represents: (check or *New Enrollment ( An Increase  Atlanta City Employees Cr Routing Number: Savings Account #:	261071548  ne)  (MUST include vo A decrease  redit Union 261071140	ided check or b Cancellation	ank verification for processing)*
Routing Number: Savings Account #: Checking Account #: This withholding represents: (check on *New Enrollment (An Increase  Atlanta City Employees Crange Routing Number: Savings Account #: Checking Account #: This withholding represents: (check	261071548  ne)  (MUST include vo A decrease  redit Union 261071140  cone)	ided check or b  Cancellation	ank verification for processing)*
Routing Number: Savings Account #: Checking Account #: This withholding represents: (check on *New Enrollment (An Increase  Atlanta City Employees Crange Routing Number: Savings Account #: Checking Account #: This withholding represents: (check	261071548  ne)  (MUST include vo A decrease  redit Union 261071140  cone)	ided check or b  Cancellation	ank verification for processing)*  [CRED3]