



Department of Finance Payroll & Employee Benefits Division

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Atlanta, Georgia 30303
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(404)730-7610 fax
PayrollUnit@fultoncountyga.gov



DIRECT DEPOSIT AND PAY CARD REQUEST FORM

Your paycheck will be credited to your account on pay day by Direct Deposit to your own Banking Institution **OR** Fulton County's Pay Card Program through Bank of America.

Email forms to payrollunit@fultoncountyga.gov

Form MUST be received by the payroll deadline - 12 noon on the Friday before pay day

Direct Deposit - Forms received by the payroll deadline will be effective on the **next pay day**.

Pay Cards - Forms received by the payroll deadline will be effective **two (2) pay days** later.

Legal Name: _____

Department: _____	Employee ID <u>and</u> Last 4 of SSN: _____
Phone number: _____	

Required Attachments:

- Copy of government issued picture ID and Copy of Fulton County employee ID
Note: If you are a newly hired employee and do not have a Fulton County employee ID badge, please attach a copy of your government issued picture ID
- Copy of a voided check for a checking account, or letter from bank with the correct routing number and account number

I choose to enroll in the **Direct Deposit** program

Name of Bank: _____

Routing No (First grouping of 9 numbers at the bottom of your check): _____

Select account type

<input type="checkbox"/>	Checking Account	Acct No:	_____
<input type="checkbox"/>	Savings Account	Acct No:	_____

I understand that I can terminate the direct deposit of payroll by giving written notice, subject to Finance Department Payroll deadlines and be automatically enrolled in the Pay Card program. I authorize credit entries and any adjustments to be made to my account. I understand that if my account is closed or changes are made after the payroll deadline, it can result in a delay of my direct deposit payroll funds. I also understand that if my payroll funds are returned to Fulton County I will be automatically enrolled in the Pay Card program if updated banking information is not received by the next payroll deadline. If I am automatically enrolled in the Pay Card Program, I have been provided with a list of the applicable fees associated with this account.

I choose to enroll in the **Pay Card** program

In lieu of the Direct Deposit Program to my Banking Institution of choice, I elect to have my payroll funds deposited onto a pay card through the Pay Card program. I have been provided with a list of any applicable fees associated with this account. I authorize credit entries and any payroll adjustments to be made to my account.

I understand that if I do not select an option from above, I will be automatically enrolled in the Fulton County Payroll Card program

Employee Signature _____

Date _____