



**DEPARTMENT OF FINANCE**  
**PAYROLL & EMPLOYEE BENEFITS DIVISION**  
 141 PRYOR STREET, S.W., SUITE 7001  
 ATLANTA, GEORGIA 30303  
 TELEPHONE (404) 612-7600 Option 3  
 EMAIL: payrollunit@fultoncountyga.gov

**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 3<sup>RD</sup> 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)

**Associated Federal Employees Credit Union** [CRED1]  
*Routing Number:* 261171338  
*Savings Account #:* \_\_\_\_\_  
*Checking Account #:* \_\_\_\_\_

This withholding represents: (check one)  
 \*New Enrollment (*MUST* include voided check or bank verification for processing)\*  
 An Increase     A decrease     Cancellation

**Excel Employees Credit Union** [CRED2]  
*Routing Number:* 261071548  
*Savings Account #:* \_\_\_\_\_  
*Checking Account #:* \_\_\_\_\_

This withholding represents: (check one)  
 \*New Enrollment (*MUST* include voided check or bank verification for processing)\*  
 An Increase     A decrease     Cancellation

**Atlanta City Employees Credit Union** [CRED3]  
*Routing Number:* 261071140  
*Savings Account #:* \_\_\_\_\_  
*Checking Account #:* \_\_\_\_\_

This withholding represents: (check one)  
 \*New Enrollment (*MUST* include voided check or bank verification for processing)\*  
 An Increase     A decrease     Cancellation

Signature: \_\_\_\_\_

Date: \_\_\_\_\_