



DEPARTMENT OF FINANCE
PAYROLL & EMPLOYEE BENEFITS DIVISION
 141 PRYOR STREET, S.W., SUITE 7001
 ATLANTA, GEORGIA 30303
 TELEPHONE (404) 612-7605, Option 3
 FAX (404)612-2929
 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 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)

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:** _____