



AUTHORIZATION FOR CREDIT UNION DEDUCTIONS

Department of Finance, Payroll & Employee Benefits Division
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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: _____