

## **FULTON COUNTY FINANCE DEPARTMENT**

141 PRYOR STREET, S.W., SUITE 7001 ATLANTA, GEORGIA 30303 TELEPHONE (404) 612-7605 FAX (404) 730-7610

Dear Insurance Participant,

This is to inform you that future insurance premiums that you pay directly to Fulton County because of your employment status shall be automatically debited from a checking/savings account in order for you to continue the insurance benefits as an eligible participant. Please complete and return the information below and include a voided check or a depository slip for savings account and return to:

Benefits Division
Fulton County Finance Department
141 Pryor Street
Atlanta, GA 30303

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

I hereby authorize Fulton County Government to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my

	Please Se	lect One:	
Checkin	g Account	Savings	Account
I authorize the amount of \$_premiums. I authorize the adpremium amounts.		•	
Please complete and attac slip for savings account.	h a voided ch	neck for checking	account or a deposit
ACCOUNT NAME	BANK		
TRANSIT/ABA #:	ACC	OUNT #:	
Signature		Contact Phone #	Last 4 Participant SSN