



**DEPARTMENT OF FINANCE**  
**EMPLOYEE BENEFITS AND PAYROLL DIVISION**  
141 PRYOR STREET, S.W., SUITE 7001  
ATLANTA, GEORGIA 30303  
TELEPHONE (404) 612 -7605  
EMAIL: [payrollunit@fultoncountyga.gov](mailto:payrollunit@fultoncountyga.gov)

**DEPARTMENT HEAD FLOWER, RETIREMENT AND SOCIAL FUND  
PAYROLL DEDUCTION AGREEMENT**

Employee Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Department Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

I agree to participate in the Department Head Flower, Retirement and Social Fund and authorize the deduction from my paycheck of \$3.00 per bi-weekly pay period or \$6.00 per monthly pay period.

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

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

**RETURN COMPLETED FORM TO [payrollunit@fultoncountyga.gov](mailto:payrollunit@fultoncountyga.gov)**