



**DEPARTMENT OF FINANCE**

**PENSION DIVISION**

141 PRYOR STREET, S.W., SUITE

7001 ATLANTA, GEORGIA 30303

TELEPHONE (404) 612-7606

FAX: (404) 612-1312

***THIS FORM MUST NOT BE USED FOR DIRECT DEPOSIT/ NET PAY AMOUNT***

**AUTHORIZATION FOR CREDIT UNION DEDUCTIONS:**

**(New Enrollments *MUST* include a voided check or bank verification for processing.)**

Retiree Name: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**IN ORDER TO HAVE A DEDUCTION, YOU MUST HAVE AN ACTIVE ACCOUNT WITH THE CREDIT UNION(S) BELOW.**

I hereby authorize the Department of Finance of Fulton County, Georgia, to deduct from my pension check 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:** \_\_\_\_\_