



## AUTHORIZATION FOR CREDIT UNION DEDUCTIONS

Department of Finance, Payroll & Employee Benefits Division  
141 Pryor Street S.W., Suite 7001  
Atlanta, Georgia 30303  
Telephone: 404-612-7724 or 404-612-7605  
Fax: 404-730-7610

**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 3<sup>RD</sup> 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: \_\_\_\_\_