



DEPARTMENT OF FINANCE
PENSION DIVISION
141 PRYOR STREET, S.W., SUITE 7001
ATLANTA, GEORGIA 30303
TELEPHONE (404) 612-7606
FAX: (404) 730-7809

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: _____