

LEGAL NAME:

## DEPARTMENT OF FINANCE PAYROLL & EMPLOYEE BENEFITS DIVISION

141 PRYOR STREET, S.W., SUITE 7001 ATLANTA, GEORGIA 30303 TELEPHONE (404) 612 -7605 Email: payrollunit@fultoncountyga.gov

EMPLOYEE ID# OR LAST 4 OF SSN:

## TAKE ADVANTAGE OF DIRECT DEPOSIT AND PAY CARDS TODAY

Your paycheck will be credited to your account on pay day through either Direct Deposit to your own Banking Institution <u>OR</u> Fulton County's PayCard Program through Bank of America. Select one of the options below and return completed form(s) to the Payroll and Benefits Division for processing. **Completed forms may be emailed to payrollunit@fultoncountyga.gov for processing!** 

## **PAYROLL DEADLINE**

## The payroll deadline is 12 noon on the Friday before pay day.

- 1. Direct Deposit Forms received by the payroll deadline will take effect on the next pay day.
- 2. Pay Cards Forms received by the payroll deadline will take effect two (2) pay days later.

DEPARTMENT:	PHONE NO.	PHONE NO.									
SELECT ONE OF THE FOLLOWING OPTIONS:											
I choose to enroll in the Direct Deposit Program.											
You <u>must</u> attach a copy of a voided check for a checking account deposit. If you choose a savings account deposit, documentation from your bank is required as to the correct routing number and account number to process your direct deposit.											
NAME OF BANK:											
ROUTING NO. (First grouping of 9 numbers at the bottom of your check)											
PLEASE CHECK ONE BELOW:											
DEPOSIT TO MY CHECKING ACCOUNT		Voided Check Attached	ACCT. NO.								
DEPOSIT TO MY SAVINGS ACCOUNT		Bank Documentation Attached	ACCT. NO.								
I understand that I can terminate the direct deposit of payroll by giving written notice, subject to Finance Department Payroll deadlines and be automatically enrolled in the Pay Card Program. I authorize credit entries and any adjustments to be made to my account. I understand that if my account is closed or changes are made after the payroll deadline, it will result in a delay of my direct deposit payroll funds. I also understand that if my payroll funds are returned to Fulton County I will be automatically enrolled in the Pay Card program if updated banking information is not received by the next payroll deadline. If I am automatically enrolled in the Pay Card Program, I have been provided with a list of the applicable fees associated with this account.											
In lieu of the Direct Deposit Program to my Banking Institution of choice, the Fulton County PayCard should be set up. I have been provided with a list of any applicable fees associated with this account. I authorize credit entries and any payroll adjustments to be made to my account.											
I understand that if I do not select an option fr Payroll Card Program through Bank of Americ		n above, I will be autor	mati	ically e	nroll	ed i	n the	Fulto	n Col	unty	,
Signature of Employee: Date:											