



DEPARTMENT OF FINANCE
PAYROLL & EMPLOYEE BENEFITS DIVISION
 141 PRYOR STREET, S.W., SUITE 7001
 ATLANTA, GEORGIA 30303
 TELEPHONE (404) 612 -7605
 Email: payrollunit@fultoncountygga.gov

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 **OR** 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@fultoncountygga.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.

LEGAL NAME:	EMPLOYEE ID# OR LAST 4 OF SSN:
DEPARTMENT:	PHONE NO.

SELECT ONE OF THE FOLLOWING OPTIONS:

<input type="checkbox"/>	I choose to enroll in the Direct Deposit Program.		
<p>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.</p>			
NAME OF BANK:			
ROUTING NO. (First grouping of 9 numbers at the bottom of your check)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PLEASE CHECK ONE BELOW:			
<input type="checkbox"/>	DEPOSIT TO MY CHECKING ACCOUNT	<input type="checkbox"/> Voided Check Attached	ACCT. NO.
<input type="checkbox"/>	DEPOSIT TO MY SAVINGS ACCOUNT	<input type="checkbox"/> Bank Documentation Attached	ACCT. NO.
<p><i>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.</i></p>			

<input type="checkbox"/>	<p>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.</p>
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I understand that if I do not select an option from above, I will be automatically enrolled in the Fulton County Payroll Card Program through Bank of America.

Signature of Employee: _____ Date: _____