

# DIRECT DEPOSIT AUTHORIZATION



**CITY OF ATLANTA PENSION CENTER**  
2472 Jett Ferry Rd, Ste 400-410  
Atlanta, GA 30338  
Phone: (888) 594-0216  
Fax: (866) 201-5033

This form must be returned with a voided check or documentation provided by your bank that includes your routing and account number. We CANNOT process this form without one of these documents.

Pension Plan:  Board of Education  
 Fire  
 General Employees  
 Police

Supporting Documentation:  Voided Check  
 Other Bank  
Documentation

## PARTICIPANT INFORMATION

Full Name: \_\_\_\_\_

Bank Name:  Atlanta Credit Union

SSN: \_\_\_\_\_

Other: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Account Type:  Checking  Savings

Phone Number: \_\_\_\_\_

Routing #: \_\_\_\_\_ (9 digits)

Email Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Please update my address as indicated above

## ALTERNATE ACCOUNT

Amount to be deposited in alternate account: \_\_\_\_\_

Bank Name:  Atlanta Credit Union

Account Type:  Checking  Savings

Other: \_\_\_\_\_

Routing #: \_\_\_\_\_ (9 digits)

Account #: \_\_\_\_\_

Whereby I authorize the Pension Fund Administrator to deposit my net pay to my account(s) at the above-named bank(s) or financial institution(s). I also authorize the Pension Fund Administrator to adjust any over/under deposit made to my account(s). I will not hold my bank(s) or financial institution(s) liable for any erroneous deposit or subsequent payroll adjustment by the Pension Fund Administrator, and I agree that the bank(s) or financial institution(s) listed above may treat each such deposit as if it were deposited by me in person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date