

DIRECT DEPOSIT AUTHORIZATION



City of Atlanta Pension Administrator
Strategic Benefits Advisors
3567 Parkway Lane Suite 250
Atlanta, GA 30092-5307
Phone: (888) 594-0216
Fax: (866) 201-5033

*This form must be returned with an original voided check (no copies or faxes accepted) or a bank statement that includes your name, routing number, account number and address. **We CANNOT process this form without one of these documents.***

Please select one of the following:

- Update Primary Account Only
- Update Alternate Account Only
- Update both Accounts

SUPPORTING DOCUMENTATION

- Original Voided Check
- Copy of Bank Statement

PARTICIPANT INFORMATION

Full Name: _____ City, State Zip: _____
SSN: _____ Phone Number: _____
Street Address: _____ Email Address: _____

PRIMARY ACCOUNT

Bank Name: Atlanta Credit Union Account Type: Checking Savings
 Other: _____ Routing #: _____ (9 digits)
Account #: _____

ALTERNATE ACCOUNT (only complete if you are directing a portion of your payment to a second account)

Populate only the fields you are changing. For items that are not changing, leave blank.

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 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 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 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