

Credit Union of Atlanta
DIRECT DEPOSIT AUTHORIZATION
City of Atlanta
Employee Benefits Division

PLEASE FILL IN THIS FORM COMPLETELY; SIGN AND DATE WHERE INDICATED AND RETURN TO THE CREDIT UNION.
 Payroll/Pension Deductions are made regularly every payday and in even dollar amounts.

Name: _____ Social Security No. _____

Address: _____

Work Phone # _____ Department: _____

Cell Phone # _____ E-mail Address: _____

DIRECT DEPOSIT

PAYROLL DEDUCTIONS

- Sign-up for direct deposit Cancel direct deposit

- New Deduction
 Change Deduction
 Cancel Deduction

The following information is needed to process direct deposit payments. Failure to provide the requested information may affect the processing of the authorization and may delay or prevent the receipts of payments through Direct Deposit/Electronic Funds Transfers Program:

Deduction will be deposited into my:

- Savings Account
 Checking Account

Credit Union of Atlanta	Routing # 261071140
Savings Account #	Check Account #

Credit Union of Atlanta	Routing # 261071140
Savings Account #	Check Account #

I hereby authorize the City of Atlanta Chief Financial Officer to deposit my net pay and/or payroll deduction to my account at the Credit Union of Atlanta. The Chief Financial Officer is also authorized to adjust any over/under deposit made to my account. I will not hold my bank or financial institution liable for any erroneous deposit or subsequent payroll adjustment by the City of Atlanta Payroll System and I agree that Credit Union of Atlanta may treat each such deposit the same as if it were deposited by me in person.

I hereby authorize the City of Atlanta Chief Financial Officer to deduct \$ _____ per pay period from my salary and pay sum to the Credit Union of Atlanta. I authorize this deduction to be increased to cover scheduled payments and insurance premiums added to such loan(s) for the term of the insurance coverage, should I fail to purchase required insurance for any outstanding loan. I am responsible for all loan payments until my payroll deduction begins.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I HAVE CANCELED IT IN WRITING.

I understand that this direct deposit authorization will have effect first pay period after 30 days (60 days for the change one bank to another) after the receipt of this authorization by the City of Atlanta Employee Benefits Payroll Section.

Signature

Date

Signature

Date

FOR CUA STAFF ONLY:

- Regular Share account (savings) No. \$ _____
 Regular Share draft (checking) No. \$ _____
 Loan Number _____ \$ _____
 Loan Number _____ \$ _____
 Insurance Account No. \$ _____
 Secondary Savings Account No. \$ _____
 Vacation Club Account No. \$ _____
 Christmas Club Account No. \$ _____
 IRA # \$ _____

TOTAL Deduction \$ _____