



**PAYROLL WITHHOLDING AUTHORIZATION
CREDIT UNION OF ATLANTA**

Effective Date: _____

Employee Name: _____

Employee ID: _____

Employment Status: ____ Permanent ____ Temporary (***DIRECT DEPOSIT ONLY***)

Deduction Type: CRED 3 Deduction Plan: CRED 3

I, _____, hereby authorize the Department of Finance of Fulton County, to deduct from my salary the amount of \$ _____ bi-weekly until further notice and to pay amounts so deducted to the Credit Union of Atlanta. This withholding represents:

Please check one (✓):

- _____ New Enrollment
- _____ An Increase
- _____ A Decrease
- _____ A Cancellation

Routing Number: 261071140
Savings Account Number: _____

Authorized Signature: _____

Date: _____

Credit Union Office Use ONLY:

Please allocate funds as follows:

- | | |
|-------------------------------|-------------------------|
| \$ _____ Share/Savings | \$ _____ Life Insurance |
| \$ _____ Share Draft/Checking | \$ _____ IRA Account |
| \$ _____ Christmas Club | \$ _____ Other Account |
| \$ _____ Vacation Club | |