



City of Atlanta

Defined Benefit Pension Funds
Direct Deposit Authorization/Cancellation
Must be Notarized

- Check One
Atlanta Bd. of Education
Firefighters
General Employees
Police Officers

Return Original with your Preprinted Voided Check to:

City of Atlanta
Dept. of Finance, Pension Office
55 Trinity Avenue, Suite 1600
Atlanta, Georgia 30303-3534
404.330.6260

Participant Information

Name: (Last, First, Middle Initial) Social Security #: ( )

Address: (Street, Apt. #, City, State, Zip Code)

Work Telephone: ( ) Home Telephone: ( )

Bank Name: Routing No: Account No:

- Checking
Savings

Whereby, I authorize the City of Atlanta Chief Financial Officer to deposit my net pay to my account at the below named bank. 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 the bank or financial institution listed below may treat each such deposit the same as if it were deposited by me in person.

This authorization will remain in effect until I have cancelled it in writing.

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 payment through the Direct Deposit/Electronic Funds Transfer Program.

I desire to (please check the appropriate box)

- Sign up for direct deposit
Cancel direct deposit
Change direct deposit authorization from the current bank to a new bank

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

Signature:
Date: Mo. Day Yr.

Official Use Only

Date Received: Mo. Day Yr. Effective with Pay Period: Mo. Day Yr.

Processed by:

Notarization

Notary Signature:
Date:

Notary Stamp or Seal: