

FULTON COUNTY SCHOOLS RETIREMENT SERVICES

6201 Powers Ferry Road NW Atlanta, GA 30339 • Phone (470) 254-0102 • Fax (866) 500-9747



Direct Deposit Form

To Be Completed by Member -- please print clearly or type all information.

I want the convenience and safety of having my pension deposited directly to my bank account each month. I also authorize the Pension Fund and bank to initiate debit or adjustment entries, if necessary for credits made in error. I understand that I can terminate the Direct Deposit simply by giving written notice at least one month prior to the affected pay date.

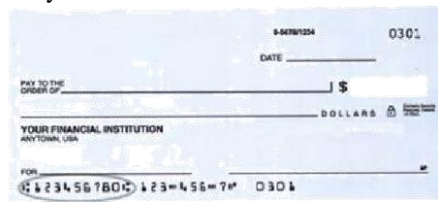
Name as it appears on Pension Check

Social Security Number

My Bank's Name

City Where I Bank

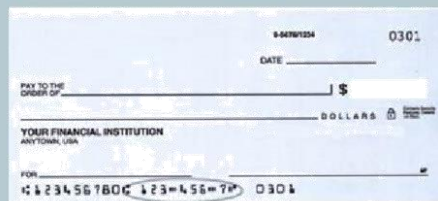
Bank Number (First set of numbers printed at the bottom of the check, 8 or 9 numbers)



Please Check One - Voided Check or Direct Deposit Authorization form from bank is required.

Deposit to My Checking Account _____
Account Number

Deposit to My Savings Account _____
Account Number



Signature

Date

Please Complete the Following for Our Records

Name as it appears on Pension Check

In Case of Emergency: Name of Person to Contact

Mailing Address

Relationship to Retiree

City, State, Zip

Emergency Contact's Address

Telephone Number

City, State, Zip

Spouse's Name

Emergency Contact's Telephone Number

Before mailing this form, please be sure to:

- Fill out completely. Incomplete forms will be returned to you and not processed.
- Sign and date the form.
- Your records will be updated when the correct, completed form is received in Pension Services.
- Completing this form revokes any prior information on file.