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.**

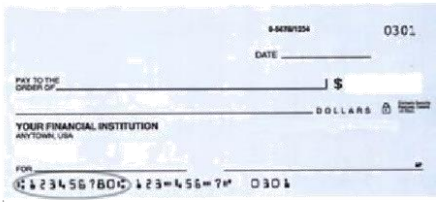
First and Last Name

Social Security Number

My Bank's Name

Personal Email Address

Routing Number (First set of 9 numbers printed at the bottom of the check)



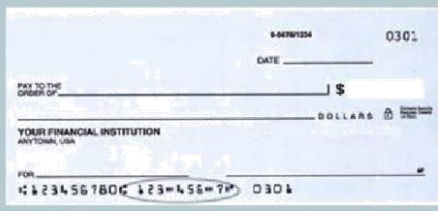

**Please Check One - Voided Check or Direct Deposit Authorization form from bank is required.**

☐ Deposit to My Checking Account

Account Number

☐ Deposit to My Savings Account

Account Number




**Signature**

**Date**

## Please Complete the Following for Our Records

Name

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

Email

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.