ADMINISTRATIVE SERVICES INC.

CITY OF ATLANTA PENSION FUND

DIRECT DEPOSIT SIGN–UP FORM

A

Name _____
Last First Middle

Social Security Number _____

I authorize Administrative Services, Inc. (ASI) to initiate Direct Deposits (credit entries) to my Financial Institution account indicated below. This authorization will remain in full force and effect until ASI receives written notification from me of its termination in such time and manner as to afford ASI and my Financial Institution a reasonable time to act on it.

Type of Account: ☐ Checking $ _____ ☐ Savings $ _____ ☐ Atlanta Credit Union $_____

Please Stop My Direct Deposit ! Signature: _____

Financial Institution Name: _____

Account Number: _____

Signature: _____ Date: _____

B

Savings:

Institution
Name _____ Branch: _____
City _____ State: _____ Zip Code_____
Routing No. _____ Acct. No. _____

C

Checking: Staple VOIDED CHECK here

Savings: Staple DEPOSIT SLIP here

Return to: Administrative Services, Inc.
2187 Northlake Parkway
Building 9, Suite 106
Tucker, GA 30084