

SOUTH OFFICE
3604 Atlanta Avenue
Hapeville, GA 30354
P: (404) 768-4980
F: (404) 768- 5496

FAMILY FIRST CREDIT UNION

NORTH OFFICE
1560 Holcomb Bridge Road
Roswell, GA 30076
P: (770) 667-8114
F: (770) 667- 8329

AUTHORIZATION FOR PAYROLL DEDUCTION (TO BE SUBMITTED TO FAMILY FIRST CREDIT UNION FOR APPROVAL)

Member # _____ Employee I.D./ Lawson # _____ Last 4 of S/S # _____

Please
Print _____
(Employee's Name) (School/Dept) (Position)

I hereby authorize the Atlanta Public Schools Board of Education to deduct the sum of \$ _____ **PER PAY PERIOD** from my salary each month to be paid to Family First Credit Union for my account. This authorization will remain in effect until another "Authorization for Payroll Deduction" is submitted.

Account	ID# (CU Only)	Amount	Account	ID# (CU Only)	Amount
Loan			Share Savings		
Loan			Share Savings		
Loan			Christmas Club		
Draft Checking			Vacation Club		
Other			10 Month Club		

(Date) SIGNED: _____
(Signature of Employee)

Deductions will be available for withdrawal or overdraft protection no later than the 15th and the last business day of the following month.