



Atlanta Postal Credit Union

# Georgia Department of Human Services Retiree Payroll Deduction Authorization

Please complete the information requested below. Type all information or print in ink.

Once completed, please return the form to APCU at:

**APCU Downtown Atlanta Branch**  
**101 Marietta Street, Suite 140**  
**Atlanta, GA 30303**  
**Fax Attention: Branch Manager (404) 559-2624**  
**Email: info@apcu.com**

- The Employees' Retirement System (ERS) requires that the first retirement check be issued directly to the retiree in the form of a paper check, prior to being eligible for payroll deduction or direct deposit.
- APCU will process this form and send the deduction amount to ERS of Georgia so that deductions can be sent from your retirement check.
- This form must be received by the 15<sup>th</sup> of the month in order for deductions to begin. Forms received after the 15<sup>th</sup> of the month may not be reflected as a deduction until the following month.
- If you are not currently a member of APCU, please stop by our branch, or visit our website at [www.apcu.com](http://www.apcu.com) to complete an Online Membership Application, or call (800) 849-8431 to request a Membership Application be sent to you. Your Retiree Payroll Deduction Authorization form must be delivered to APCU before a deduction request can be submitted to ERS.

Social Security Number		Member Number	
Last Name	First Name	Middle Initial	
Address (No PO Box)	City	State	Zip
Primary Phone Number	Secondary Phone Number	E-mail Address	

*I authorize ERS of Georgia to begin deductions from my retirement check each month to be remitted to APCU and credited to my account as indicated below:*

**Loans:**

Car Loan (\_\_\_\_) \$ \_\_\_\_\_

Personal Loan (\_\_\_\_) \$ \_\_\_\_\_

Mortgage Loan (\_\_\_\_) \$ \_\_\_\_\_

Other Loan (\_\_\_\_) \$ \_\_\_\_\_

**Loan Total** \$ \_\_\_\_\_

**Accounts:**

Savings (\_\_\_\_) \$ \_\_\_\_\_

Checking (\_\_\_\_) \$ \_\_\_\_\_

Holiday (\_\_\_\_) \$ \_\_\_\_\_

Vacation (\_\_\_\_) \$ \_\_\_\_\_

**Account Total** \$ \_\_\_\_\_

*Authorization and Acknowledgements: I understand this authorization for deductions replaces any previous authorization and will remain in effect until canceled by me in writing. I wish to continue making my loan payments by payroll deduction until such time as I decide to terminate deductions, even in the event of bankruptcy, and if I fail to so terminate, I request that payments continue to be made voluntarily to the loans in accordance with my pre-bankruptcy instructions.*

**Permission to contact:** By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including auto-dialed and pre-recorded message calls, from the Credit Union or its third party debt collector at that number. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by calling APCU at (800) 849-8431.

Member Signature

Date