



Atlanta Postal Credit Union
A TRADITION OF SERVICE

RETIREE PAYROLL DEDUCTION AUTHORIZATION

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

Once completed please return the form to Atlanta Postal Credit Union (APCU):

HSE Branch, 101 Marietta Street, Suite 140 • Atlanta, GA 30303 • Fax Attn: LaQuinda Brady (404) 965-2745

- The Employees Retirement System 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 Employees’ Retirement System (ERS) of Georgia so that deductions can be sent from your retirement check.
- This form must be received by the 15th of the month in order for deductions to begin. Forms received after the 15th of the month may not be reflected as a deduction until the following month.
- If you are not currently a member of APCU, as a retiree of Department of Human Services, you are eligible to become a member. To become a member, please stop by our branch, or visit our website 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 must be delivered to APCU before a deduction request can be submitted to ERS.

First Name	Middle Initial	Last Name	
Social Security Number		Member Number	
Home Mailing Address (No PO BOX)	City	State	Zip Code
Home Phone Number	Email Address	Cell Phone Number	

I authorize Employees’ Retirement System of Georgia to begin deductions from my retirement check each month to be remitted to Atlanta Postal CU and credited to my account as indicated below:

Loans:

Car Loan (____) \$_____

Personal Loan (____) \$_____

Mortgage Loan (____) \$_____

Other Loan (____) \$_____

Loan Total \$_____

Accounts:

Savings (01) \$_____

Checking (____) \$_____

Holiday (30) \$_____

Vacation (40) \$_____

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.

Signature