

Fairfax County Retirement Systems

# FAIRFAX COUNTY CREDIT UNION DEDUCTION REQUEST FORM

**Employees' System**     **Police Officers System**     **Uniformed System**

*(School Retirees should use Apple Credit Union Form)*

Retiree Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

\_\_\_\_\_

Start a total deduction in the amount of \$ \_\_\_\_\_ per month.

Cancel Monthly Deduction

Change Monthly Deduction according to instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form to:*

**Fairfax County Retirement Systems**

10680 Main Street, Suite 280, Fairfax, VA 22030

Fax: 703-273-3185    Phone: 703-279-8200

TTY: 711    Toll-Free: 1-800-333-1633



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