

CREDIT CARD AUTHORIZATION

Peace Officers' Annuity and Benefit Fund of Georgia

P.O. Box 56

Griffin, GA 30224

Phone: (770) 228-8461 / FAX: (770) 412-1236

I authorize Peace Officers' Annuity and Benefit Fund of Georgia to pay my membership dues of \$240.00 on an annual basis through my MASTERCARD or VISA account, as indicated below and to continue on such schedule until canceled by my written request. I agree to contact Peace Officers' Annuity and Benefit Fund if there are any changes to my Credit Card Information.

Member's Signature: _____ Date: _____

Print Name: _____ Phone#: _____

Address: _____
(Street or P. O. Box) (City) (State) (Zip)

Membership #: _____ Social Security #: _____

Please circle: MASTERCARD VISA

Credit Card Account #: _____

Credit Card Expiration Date: _____