

AUTOMATIC WITHDRAWAL AUTHORIZATION

PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GA

1208 GREENBELT DRIVE, GRIFFIN, GA 30224
PHONE: (770) 228-8461 • FAX: (770) 412-1236
POABF@RFGA.US • WWW.POAB.GEORGIA.GOV

FOR OFFICE USE ONLY

New Member Processed:	_____
Recurring Start Month:	_____
Bank Change:	_____
System Change:	_____

TO ENSURE ACCURACY PLEASE ATTACH A VOIDED CHECK
-OR-
LETTER FROM FINANCIAL INSTITUTION THAT VERIFIES
ROUTING AND ACCOUNT NUMBERS

A. _____
Member Name

B. _____
Member # (Assigned at membership) Social Security Number

C. _____
Mailing Address

City, State and Zip Code

D. _____
Name of Depository (Financial Institution)

E. _____
Checking / Savings Routing Number (Required) Account Number (Required)

F. _____
Phone Number Email Address

I the undersigned, authorize the Peace Officers' Annuity and Benefit Fund of Georgia (POAB Fund) to initiate debit entries to my bank account identified above at the depository named above for the purpose of membership in the POAB Fund. This authorization is to remain in full force and effect until the POAB Fund has received written notification from me of its termination. Such notification is to be received in the office of the POAB Fund in Griffin, GA by the first day of the month before such termination is desired.

G. _____
Signature Date