

# AUTOMATIC WITHDRAWAL AUTHORIZATION

## PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GA

P.O. BOX 56, 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