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

Authorization for Direct Deposit of Monthly Pension

A. _____
Member Name

B. _____ _____
Member # **Social Security Number**

C. _____
Mailing Address

_____
City, State and Zip Code

D. _____
Name of Financial Institution

E. _____ _____ _____
Account Type (Checking or Saving) **Routing Number (Required)** **Account Number (Required**

F. _____
Name of all persons authorized to withdraw from the account

G. _____ _____
Phone Number **Email Address**

The undersigned warrants that the account designated above is held for the benefit of the retiree: **I hereby authorize the Peace Officers' Annuity & Benefit Fund of Georgia, hereinafter referred to as "The Fund", to send my monthly pension for deposit to my account at the financial institution designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial institution designated reserves the right to cancel this arrangement by notice to me and The Fund; however, this authorization will remain in effect until cancelled by notice to The Fund from me or by the designated financial institution.**

H. _____
Signature **Date**

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