



PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA

1210 Greenbelt Drive, Griffin, GA 30224
phone: 770-228-8461 | fax: 770-412-1236
www.poab.georgia.gov | email: poabf@rfga.us

OVERPAYMENT REFUND REQUEST

Please return request by mail, email, or fax to above contact.

Instructions: Complete the information below and send it to the Fund for processing. The Fund will process the refund request upon receipt of this completed form (approximately 7-10 business days). The refund will be issued by ACH to the bank account indicated by the information provided below.

MEMBER INFORMATION

Name: _____ Member #: _____
Phone #: _____ Social Security #: _____
Email Address: _____
Mailing Address: _____

BANKING INFORMATION

Account Type: Checking Routing #: _____
 Savings Account #: _____

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

MEMBER ACKNOWLEDGEMENT

ACKNOWLEDGEMENT: By my signature below, I request the return of my contributed dues made to the Peace Officers' Annuity and Benefit Fund **over** the required amount to keep my membership current.

I hereby authorize the Fund to send my refund for deposit to my account at the financial institution ("bank") designated above. This authorization is not an assignment of my right to receive a refund. I understand that the bank reserves the right to cancel this transaction by notifying me and the Fund; however, this authorization will remain in effect until cancelled by notice to the Fund from me or by the bank.

Member Signature: _____

State of: _____ County of: _____

Notary Signature: _____

(Notary Seal)

My Commission Expires: _____

Sworn to and subscribed before me this day: _____

by (Name of Signer): _____