

PAYROLL DEDUCTION AUTHORIZATION

FOR PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA (POAB)

IMPORTANT – DO NOT RETURN THIS FORM TO POAB

This form must be submitted directly to your Employer's Payroll or Human Resources Department.
POAB does not process payroll deduction forms.

AUTHORIZATION

I hereby authorize my employer to deduct from my salary the applicable monthly dues for the Peace Officers' Annuity & Benefit Fund (POAB) and remit those amounts directly to POAB.

This authorization shall remain in effect while I am employed or until revoked by me in writing to my employer.

Employee Name: _____

Social Security #: _____ POAB Member #: _____

Employer: _____

Employee Signature: _____ Date: _____

Employer: Please remit payroll deductions directly to POAB.
Remittance instructions are available upon request.