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

DIRECT DEPOSIT AUTHORIZATION

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

INSTRUCTIONS: Complete and submit to the Fund for processing. The Fund will update your information for the next payment cycle. The Fund reserves the right to contact members to confirm authorization of change.

The undersigned warrants that the account designated below 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 notifying 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.

A. _____
Member Name

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

C. _____
Mailing Address

D. _____
Name of Financial Institution

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

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

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

H. _____ _____
Signature **Date**

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