**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.

**Authorization:** I authorize the Peace Officers' Annuity & Benefit Fund of Georgia ("The Fund") to deposit my monthly pension into the account listed below. I acknowledge the following: this revokes all prior direct deposit instructions, the financial institution may cancel this arrangement by notifying me and The Fund, and this authorization remains in effect until cancelled in writing.

**A.** _____
**Member Name**

**B.** _____ _____
**Member #** **Last four of SSN**

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