

# Automatic Withdrawal Authorization

## Peace Officers' Annuity and Benefit Fund of Georgia

P.O. Box 56

Griffin, GA 30224

Phone: (770) 228-8461 / FAX: (770) 412-1236

I hereby authorize Peace Officers' Annuity and Benefit Fund of Georgia to initiate debit entries to my bank account identified below at the depository named below to debit the same to said account on the tenth of each month. Said debit entries to be used solely to pay my monthly dues in the PEACE OFFICERS' ANNUITY AND BENEFIT FUND.

DEPOSITORY (BANK) NAME: \_\_\_\_\_

Located in

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

BANK ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

**(Please attach a voided check showing the routing and account numbers)**

This authorization is to remain in full force and effect until the Peace Officers' Annuity and Benefit Fund has received written notification from me of its termination. Such notification is to be received in the office of the Fund in Griffin, GA by the first day of the month before such termination is desired.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Membership #: \_\_\_\_\_

Social Security #: \_\_\_\_\_