



Board of Commissioners of the Magistrates Retirement Fund of Georgia

P.O. Box 56, Griffin, Georgia 30224

Phone: (770) 228-8461 · Fax: (770) 412-1236

www.mrf.georgia.gov

BANK DRAFT AUTHORIZATION FORM

I authorize Magistrates Retirement Fund of Georgia to initiate debit entries to my bank account identified below at the depository named below and to debit the same in the amount of \$ _____ on the tenth day of each month. Said debit entries to be used solely to pay my monthly dues in the MAGISTRATES RETIREMENT FUND OF GEORGIA.

Depository (Bank) Name: _____

Bank Address:

Street: _____

City: _____ State: _____

Bank Routing No.: _____ Account No.: _____

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

This authorization shall remain in full force and effect until the Magistrates Retirement Fund of Georgia has received written notification from me of termination. Such notification shall be received in the office of the Magistrates Retirement Fund of Georgia by the first day of the month before such termination is requested.

Member's Signature: _____ Date: _____

Print Member's Name: _____ SSN: _____

Mail Address: _____ Ph. No.: _____

City, State, Zip: _____

E-mail address: _____