



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

DIRECT DEPOSIT FORM (To be completed by the Retiree)

I hereby authorize the Magistrates Retirement Fund of Georgia, hereinafter referred to as "The Fund", to send my monthly retirement benefit 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 notice to me and The Fund; however, this authorization shall remain in effect until cancelled in writing to The Fund from me or by the designated financial institution. To ensure accuracy: PLEASE ATTACH A VOIDED CHECK.

Name of Retiree (Please print)

Social Security Number

Phone Number of Retiree

County Retired From

Mailing Address of Retiree (please include apartment/unit number if applicable)

City, State and Zip Code

Name of Financial Institution

Mailing Address of Financial Institution

City, State and Zip Code

Checking Savings

Account Type (check one)

Routing Number (Required)

Account Number (Required)

Name of all persons authorized to withdraw from the account: (Please print)

The undersigned warrants that the account designated above is held for the benefit of the retiree.

Signature of Retiree

Date

Notes:
