

PAYROLL DEDUCTION AUTHORIZATION

Judges of the Magistrate Courts
Retirement Fund of Georgia
P.O. Box 56
Griffin, GA 30224

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

Payroll Deduction: If your employer offers payroll deduction, complete the bottom of this form and turn it into your Personnel/Payroll Department to begin deductions from your paycheck.

DO NOT SEND THIS FORM BACK TO US.

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AUTHORIZATION TO EMPLOYER FOR PAYROLL DEDUCTION

I hereby authorize and direct deduction from my salary for the payment of monthly dues (\$105.00) to the Judges of the Magistrate Courts Retirement Fund of Georgia. This authorization is to remain in effect as long as I am employed or until canceled by me in writing.

Date: _____

Employer: _____

Employee's Name (Print): _____

Employee's Signature: _____

Social Security #: _____

Notes:
