

MAGISTRATES RETIREMENT FUND OF GEORGIA

1208 GREENBELT DRIVE, GRIFFIN, GA 30224
PHONE: (770) 228-8461 • FAX: (770) 412-1236
MRF@RFGA.US • WWW.MRF.GEORGIA.GOV

FOR OFFICE USE ONLY	
New Member Processed:	_____
Recurring Start Month:	_____
Member #:	_____
Bank Change:	_____
System Change:	_____

AUTOMATIC WITHDRAWAL AUTHORIZATION

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

A. _____
Member Name SSN

B. _____
Phone Number Email Address

C. _____
Mailing Address

City, State and Zip Code

D. _____
Name of Depository (Financial Institution)

E. _____
Checking / Savings Routing Number (Required) Account Number (Required)

I the undersigned, authorize the Magistrates Retirement Fund of Georgia (MRF) to initiate debit entries to my bank account identified above at the depository named above for the purpose of membership in the MRF Retirement Fund. This authorization is to remain in full force and effect until the MRF Retirement Fund has received written notification from me of its termination. Such notification is to be received in the office of the MRF Retirement Fund in Griffin, GA by the first day of the month before such termination is desired.

F. _____
Signature Date