



Magistrates Retirement Fund of Georgia

1210 Greenbelt Drive, Griffin, GA 30224

phone: 770-228-8461 | fax: 770-412-1236

www.mrf.georgia.gov | email: mrf@rfga.us

Authorization for Direct Deposit of Monthly Pension

Name: _____ Member #: _____

Phone #: _____ SSN: _____

Email Address: _____

Mailing Address: _____

Financial Institution: _____

Account Type: Checking Routing #: _____

Savings Account #: _____

Name of all persons authorized to withdraw from the account: _____

The undersigned warrants that the account designated above is held for the benefit of the retiree: I hereby authorize the Magistrates Retirement Fund of Georgia, hereinafter referred to as "The Fund", to send my monthly pension 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 will remain in effect until cancelled by notice to The Fund from me or by the designated financial institution.

To ensure accuracy please attach a voided check

-or-

***A letter from financial institution that verifies
routing and account numbers***

Signature

Date