

Board of Commissioners of the Magistrates Retirement Fund of Georgia

1208 Greenbelt Drive, Griffin GA 30224 Phone: (770) 228-8461 • Fax: (770) 412-1236 www.mrf.georgia.gov

Authorization for Direct Deposit of Monthly Pension

Α.			
	Member Name		
В.			
	Social Security #	Phone #	
C.			
	Street, City, State and Zip Code		
D.			
	Email Address		
Ε.			
	Name of Financial Institution		
F.			
	Account Type (Checking or Saving)	Routing Number (Required)	Account Number (Required
G.			
-	Name of all persons authorized to withdraw from the account		
he u	ndersigned warrants that the a	ccount designated above is held for t	he benefit of the retiree: I hereby authorize the Judges of the Magistrates
etire	ment Fund of Georgia, hereinafter	referred to as "The Fund", to send my mo	nthly pension for deposit to my account at the financial institution designated
			revokes all prior payment direction notifications applicable to these payments.
			nis arrangement by notice to me and The Fund; however, this authorization will
emair	in effect until cancelled by notice	to The Fund from me or by the designated	d financial institution.
н.			
•	Signature	Date	

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