



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

For Office Use Only

New Member Processed:	_____
Recurring Start Month:	_____

Automatic Withdrawal Authorization

FOR DUES PAYMENT – RECURRING MONTHLY ON THE 10TH

To Ensure Accuracy Please Attach a Voided Check
-Or-
Letter From Financial Institution That Verifies
Routing and Account Numbers

A. _____
Member Name

B. _____
Member # (Assigned at membership) **Social Security Number**

C. _____
Mailing Address

City, State and Zip Code

D. _____
Name of Depository (Financial Institution)

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

F. _____
Phone Number **Email Address**

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. This authorization is to remain in full force and effect until the MRF has received written notification from me of its termination. Such notification is to be received in the office of the MRF in Griffin, GA by the first day of the month before such termination is desired.

G. _____
Signature **Date**