



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

Name: _____ Member #: _____

Phone #: _____ SSN: _____

Email Address: _____

Mailing Address: _____

Financial Institution: _____

Type: Checking Routing #: _____

 Savings Account #: _____

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.

Signature

Date