



# GEORGIA MUNICIPAL ASSOCIATION

201 Pryor Street, SW • Atlanta, Georgia 30303 • Fax: 678-686-6244 • Email: adminretire@gacities.com

## Direct Deposit Authorization

I authorize the Georgia Municipal Association to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my financial institution listed below:

Payee Name:				SSN:				Phone number:					
Street Address:						City:				State:		Zip:	
Email Address:													
Name of Financial Institution:						Financial Institution Phone Number				Account Type: <input type="checkbox"/> Checking (Check One) <input type="checkbox"/> Savings			
Address of Financial Institution:						City		State		Zip			
TRANSIT ROUTING NUMBER						CHECKING ACCOUNT NUMBER							

Payee Signature						Date					
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STAPLE VOIDED CHECK HERE

### Do not forget to attach a **VOIDED CHECK**

*Please do not use a voided deposit slip*

**Notice to retirees:** This form must be received by the Retirement Department of Georgia Municipal Association, no later than the 15th of the month to take effect on your next benefit payment.

**Georgia Municipal Association  
Retirement Department  
P.O. Box 105377  
Atlanta, GA 30348**