

RETIREMENT

PO Box 105377 • Atlanta, Georgia 30348 • Fax: **678-686-6244** • Email: **adminretire@gacities.com**

Direct Deposit Cancellation Request

I direct Georgia Municipal to stop the direct deposit of my monthly benefit.

Payee Name:				SSN:			
Street Address:			City:		State:	Zip:	
Daytime or work phone number				Home or cell phone number			

Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking (Check One) <input type="checkbox"/> Savings
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TRANSIT ROUTING NUMBER																				CHECKING ACCOUNT NUMBER																					
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Payee Signature	Date
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Notice to retirees: This form must be received by the Finance Department of Georgia Municipal Association, no later than the 15th of the month to take effect on your next benefit payment.

(Fold on this line and insert in enclosed window envelope)
Make sure address appears in the window

Return To:

**Georgia Municipal Association
Direct Deposit
PO Box 105377
Atlanta, GA 30348**