

Georgia Municipal Employees Benefit System (GMEBS) The Burgess Building, P.O. Box 105377, Atlanta, GA 30348

Submit the completed form using one of these secure methods: Fax to 678-686-6244; mail to P.O. Box 105377, Atlanta, GA, 30348; reply to a GMA email with SECURE: in the subject line; or use your own email encryption tool. Please do NOT use regular email to transmit this form.

Direct Deposit Authorization

Payee Name:	SSN:	SSN:														
Street Address:	City:						;	State:			Zip:					
Phone Number: Emai				ail:												
Name of Financial Institution:				Financial Institution Phone					Number Account (Check C				•			
Address of Financial Institution:				City					State			Zip				
TRANSIT ROUTING DID CHECKING ACCOUNT NUMBER																
I authorize the Georgia Municipal Association to initiate adjustments for any credit entries made in error to my fir								eces	sary	, de	bit	entrie	s and			
Payee Signature	Date															
Sworn to and subscribed before me this day of 20																

Do not forget to attach a VOIDED CHECK

Please do not use a voided deposit slip.