

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 Cancellation Request

All fields, signatures and notarization must be complete for the form to be processed.

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Payee Name:	SSN:														
Street Address:			City:						State:			Zip:			
Phone Number:	Emai	mail:													
Name of Financial Institution:		Financial Institution Phone N						Number Account (Check C			•				
Address of Financial Institution:			City					State			Zip				
TRANSIT ROUTING DELLA COUNT NUMBER															
I direct Georgia Municipal Association to stop the direct of Payee Signature	depos	it of		onthi Date	y bei	nefit	:								
Sworn to and subscribed before me this day of															
Notary Public My Commission Expires:															

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