

**JUDGES' of the PROBATE COURTS RETIREMENT FUND
of GEORGIA**

P. O. BOX 56

**770-228-8461
FAX-770-412-1236**

GRIFFIN, GA 30224

(To be completed by the Retiree)

**REQUEST FOR DIRECT DEPOSIT OF MONTHLY PENSION
TO MEMBERS'S ACCOUNT AT A FINANCIAL INSTITUTION**

I hereby request and authorize the Judges' of the Probate Courts Retirement Fund of Georgia, hereinafter referred to as "The Fund", to send my monthly pension for deposit to my account at the financial institution designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial institution designated reserves the right to cancel this arrangement by notice to me and to The Fund; however, this authorization will remain in effect until cancelled by notice to The Fund from me or by the designated financial institution. **(ATTACH A "VOIDED CHECK".) To insure accuracy.**

A. _____
Name of Retiree

B. _____
Social Security Number

C. _____
Mailing Address of Retiree

City, State and Zip Code

D. _____
Name of Financial Institution

E. _____
Mailing Address of Financial Institution

City, State and Zip Code

F. _____ _____ _____
Account Type Routing Number **(Required)** Account Number **(Required)**
(Checking - Saving)

G. _____
Names of all persons authorized to withdraw from the account

H. () _____
Home phone number of retiree

The undersigned warrants that the account designated above is held for the benefit of the retiree.

Signature of Retiree

Date