



GEORGIA MUNICIPAL ASSOCIATION

PO Box 105377 • Atlanta, Georgia 30348 • 678-686-6297 • Fax: 678-651-1037 • Email: financeretire@gmanet.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:				Email Address:												
Street Address:						City:			State:		Zip:									
Phone Numbers		Daytime/Home:				Work:				Mobile:										
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												

SIGNATURE REQUIRED

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

Please do NOT use a voided deposit slip

STAPLE VOIDED CHECK HERE

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

Georgia Municipal Association
Finance Department
PO Box 105377
Atlanta, GA 30348