

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:

CHILIES AH	entiles and adjustments for any credit entiles made in end to my infancial institution listed below.																	
Payee Name:					SSN:		Email A				ddress:							
Street Address:						City:					State:				Zip:			
Phone Numbers Daytime/Home:					Work:						Mobile:							
Name of Financial Institution:						Financial Institution Pho					Accou				unt Type: Checking ck One) Savings			
Address of Financial Institution:								City				Sta	ite		Zip			
TRANSIT ROUTING NUMBER					CHECKII ACCOU NUMB	NT												
Paye			Date															
STAPLE VOIDED CHECK HERE	Do not forget to attach a VOIDED CHECK Please do NOT use a voided deposit slip																	

(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