

SUPERIOR COURT CLERKS' RETIREMENT FUND OF GEORGIA

1208 GREENBELT DRIVE, GRIFFIN, GA 30224
PHONE: (770) 228-8461 • FAX: (770) 412-1236
SCCRF@RFGA.US • WWW.SCC.GEORGIA.GOV

Authorization for Direct Deposit of Monthly Pension

A. _____
Member Name

B. _____
Social Security # Phone #

C. _____
Street, City, State and Zip Code

D. _____
Email Address

E. _____
Name of Financial Institution

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

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

The undersigned warrants that the account designated above is held for the benefit of the retiree: I hereby authorize the Superior Court Clerks' 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 The Fund; however, this authorization will remain in effect until cancelled by notice to The Fund from me or by the designated financial institution.

H. _____
Signature Date

***TO ENSURE ACCRUACY PLEASE ATTACH A VOIDED CHECK
-OR-
LETTER FROM FINANCIAL INSTITUTION THAT VERIFIES
ROUTING AND ACCOUNT NUMBERS***