



Georgia Firefighters' Pension Fund

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Automatic Dues Payment

To be completed and provide for the automatic deduction of monthly dues payments from the financial account identified below. Deductions will be made on or about the 15th day of the month following receipt of this completed form. This authorization will remain in full force and effect until the FUND has received written request its termination. Such notification must be received in the office of the FUND by the first day of the month before such termination is desired.

Dues Must Be Paid Current In Order To Participate In The Automatic Dues Program.

Member Info	<i>(Please Print)</i> Member No: _____ or Social Security No: _____
	Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Email: _____ Phone(H): _____ Phone(W): _____ Phone(C): _____
	Fire Department: _____
Banking Info	Financial Institution: _____
	Account Number: _____
	Routing Number: _____
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

ATTACH HERE A VOIDED CHECK
WITH ROUTING AND ACCOUNT NUMBERS
PRINTED ON BOTTOM

I hereby authorize the GEORGIA FIREFIGHTERS' PENSION FUND, hereinafter the FUND, to initiate debit entries to my checking account identified below at the depository named below, hereinafter called DEPOSITORY, to debit entries to be used solely to pay my monthly dues in the FUND. This authorization is to remain in full force and effect until the FUND has received written notification from me of its termination.

Signature of Member

Date

Must Submit Original Forms, Fax Copies Not Accepted