

2171 East View Parkway • Conyers • Georgia • 30013-5756 Phone: 770-388-5757 or 1-866-374-0788

eMail: cindy@gfpf.org Web Site: www.gfpf.org

	K	etiree Direct Deposit -	
Retiree Info	(Please Print) Member No: or Social Security	y No:	
	Last Name:		Middle:
	Home Mailing Address:		
	City:	State:	Zip:
	Email:	Phone(H):	Phone(C):
Beneficiary Info	(Please Print) Social Security No:		
	Last Name:	First:	Middle:
	Home Mailing Address:		
	City:		
	Email:	Phone(H):	Phone(C):
Banking Info	Financial Institution:		
	Account Number:		
	Routing Number:		
	Account Type: Checking Savings		
Please include a voided check showing the			
routing number and account number for the			
above listed bank account. If unavailable, the			
	banking information must be written clearly.		
I hereby request all Georgia Firefighters' Pension Fund benefit payments be deposited into my bank account as indicated above.			
This authorization is to remain in effect until the Fund has received written notification of its termination. I understand the Fund must receive notification of termination before the first of the month that I wish to stop the deposit.			
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	Signature of Retiree or Surviving B	seneticiary	Date