



Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756

Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

eMail: membership@gfpf.org

Web Site: <http://www.gfpf.org>

Automatic Dues Payment

OFFICE USE ONLY

To be completed and provide for the automatic deduction of monthly dues payments from the Financial Institution Account identified below. Deductions will be made on or about the 15th day of the month following receipt of this completed form.

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

MEMBER INFO: {please print}

Member ID No. _____ or Social Security No. _____

Last Name _____ First Name _____ Middle Initial _____

Residence Address _____

City _____ State _____ Zip _____

Phone Number _____

eMail _____

Fire Department _____

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.

Financial Institution: _____

Account Number: _____

Routing Number: _____

Account Type: [select one] Checking Account: _____ Savings Account: _____

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

This authorization is to remain in full force and effect until the FUND has received written notification from me of 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.

Date

Signature of Applicant