



AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS AND WITHDRAWALS
SHERIFFS' RETIREMENT FUND OF GEORGIA

I/we hereby agree to authorize SunTrust Bank to initiate electronic entries to automatically deposit my pension payment to the bank account indicated below or, in the event an amount is deposited in error, to withdraw that amount. Please note that we cannot send direct deposits to a correspondent U.S. Bank for further credit to an International account.

This agreement will remain in force until revoked by me in writing in sufficient time to allow SunTrust Bank to act on the revocation. Should I change bank accounts or banking institutions, I understand I must advise SunTrust Bank of the change and supply my new bank account number and bank name.

Retiree's or Beneficiary's Name (Please Print) _____

Retiree's or Beneficiary's last 4 digits of Social Security Number: XXX -XX-_____

My Bank Name _____

Bank Routing Number _____

Bank Account Number _____

Check One: Checking Account () Savings Account ()

NOTICE

In order to ensure the recording of accurate data, your first payment may be in the form of a check. Subsequent payments may also be in the form of a check if your banking institution has not confirmed your deposit information. Please attach a voided check to expedite the processing of your deposit information.

If it shall be determined that any payments have been made to me to which I am not entitled under said Plan, I agree to repay and refund the amount of any such overpayments and, in furtherance of such obligations I authorize and direct the said Bank to refund the amount of such overpayments to SunTrust Bank, Retirement Services, as Trustee for the Plan, and charge the same to my account.

(Signature) _____

(Date) _____

(Address) _____

(Telephone Number) _____

(City, State, Zip Code) _____

CHANGE MAIL ADDRESS? ___YES ___NO