



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS AND WITHDRAWALS

PENSION PLAN NAME: Cobb County Government

I hereby agree to authorize SunTrust Bank to initiate electronic entries to automatically deposit my payment from the Pension Plan to my bank account indicated below or, in the event an amount is deposited in error, to withdraw that amount. **I understand that SunTrust Bank 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 that I am responsible for advising SunTrust Bank of the change and supplying my new bank account number and bank name.

Your Name (Please Print) _____

Last 4 digits of your Social Security Number: XXX-XX-_____

My Bank Name _____

Bank Routing Number _____ Bank Account Number _____

This is a: ☐ Checking Account ☐ Savings Account

If it shall be determined that any payments have been made to me to which I am not entitled under the Pension Plan, I agree to repay and refund the amount of any such overpayments and, in furtherance of such obligations, I hereby authorize and direct my Bank to refund the amount of such overpayments to SunTrust Bank, Retirement Services, and charge the same to my bank 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 until your banking institution confirms your deposit information. Please attach a voided check to expedite the processing of your deposit information. If you do not provide a voided check with your name encoded as confirmation of your account, your signature must be notarized on this Authorization Agreement.

(Signature) _____ (Date) _____

(Address) _____ (Telephone Number) _____

Change Mail Address? ☐ YES ☐ NO

(City, State, Zip Code) _____ New Mailing Address _____

TO BE COMPLETED BY NOTARY:

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

Produced Identification: ☐ YES (Type of Identification Produced _____) ☐ NO

Signature of Notary Public: _____

(NOTARY SEAL)

Name of Notary Typed, Printed, or Stamped: _____

YOU MAY USE THE ENVELOPE PROVIDED TO RETURN THIS FORM, OR ONE OF THE OPTIONS BELOW:

MAIL TO:

SUNTRUST BANK INSTITUTIONAL ADVISORY CENTER
P.O. BOX 4655, MAIL CODE 1880210
ATLANTA, GA 30302

SEND OVERNIGHT MAIL TO:

SUNTRUST BANK INSTITUTIONAL ADVISORY CENTER
2ND FLOOR- MAIL CODE 1880210
303 PEACHTREE STREET
ATLANTA, GA 30308

FAX TO:

404-230-1027
OR
1-800-982-2817