



GEORGIA MUNICIPAL ASSOCIATION

201 Pryor Street, SW • Atlanta, Georgia 30303 • Fax: 678/686-6244 • Email: adminretire@gacities.com

Address Change Authorization

I authorize the Georgia Municipal Association to change my address as follows

Payee Name:		SSN:	
Old Mailing Address:	City:	State:	Zip:
New Mailing Address:	City:	State:	Zip:

Email Address	Home or cell phone number
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Payee Signature	Date
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Notice to retirees: This form must be received by the Finance Department of Georgia Municipal Association, no later than the 15th of the month to take effect on your next benefit payment.

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(Fold on this line and insert in enclosed window envelope)
Make sure address appears in the window