



GCU

5400 Tuscarawas Rd, Beaver PA, 15009
P 1.800.722.4428 F 724-495-3421 E info@GCUusa.com

Authorization for Electronic Payment (Debit) from a Savings Account

(For transferring funds from your Financial Institution Savings account to your GCU account)

New Request Change to Existing Cancel Existing

First Name: _____ Certificate Number(s): _____

Last Name: _____

Address: _____ Last 4 Digits of SSN: _____

_____ Phone Number: (_____) _____

(Is this a new address? Yes No) Cell Phone: (_____) _____

Email Address: _____ Date of Birth: _____/_____/_____

Please complete the following information:

Authorized Amount: \$_____.

Authorized day of the month to apply electronic payment _____ *(Must be between 1st - 28th day of the month).*

Desired Frequency of Electronic Payment:

Monthly Quarterly Semi-Annually Annually

Please have your financial institution complete the following information:

Financial Institution Name: _____

Financial Institution Phone Number: _____

Financial Institution Routing Number: _____

Account owner's name: _____

Savings Account Number: _____

Financial Institution Representative Name: _____

Signature: _____ Date: _____

I hereby authorize GCU to initiate electronic payment entries and to initiate, if necessary electronic deposits and adjustments for any entry in error to my (our) account indicated below and the financial institution named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until GCU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford GCU and DEPOSITORY a reasonable opportunity to act on it.

Owner's Signature Required _____ **Date** _____

Please return completed form to: Greek Catholic Union, 5400 Tuscarawas Road, Beaver, PA 15009.

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