



**GCU**

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

## Authorization for Direct Deposit into a Savings Account

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

Desired Frequency of Direct Deposit:  
 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 deposit entries and adjustments for any electronic entry in error to my (our) account indicated below and the financial institution named below, 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.