



**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 Checking Account**

*(For transferring funds from your Financial Institution to your GCU account or certificate)*

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Phone: \_\_\_\_\_

Please complete the following information:

<p>Authorized Amount: \$_____.</p> <p>Authorized day of the month to apply electronic payment _____ <i>(Must be between 1<sup>st</sup> - 28<sup>th</sup> day of the month).</i></p> <p>Desired Frequency of Electronic Payment:</p> <p><input type="checkbox"/> Monthly    <input type="checkbox"/> Quarterly    <input type="checkbox"/> Semi-Annually    <input type="checkbox"/> Annually</p>
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**FOR ELECTRONIC PAYMENT**

**A Voided Check is Required.**

**PLEASE ATTACH HERE WITH TAPE.**

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** \_\_\_\_\_