



GCU

5400 Tuscarawas Rd, Beaver PA, 15009

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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 month _____ and day _____ to apply electronic payment. <i>(Day must be between 1st - 28th).</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>

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** _____