



GCU

5400 Tuscarawas Rd, Beaver PA, 15009
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Authorization for Direct Deposit into a Checking Account

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

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:

Desired Frequency of Direct Deposit: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
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FOR DIRECT DEPOSITS

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 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* _____