



Greek Catholic Union of the U.S.A.

—A Fraternal Benefit Society—

5400 Tuscarawas Road ♦ Beaver, PA 15009
Telephone: (724) 495-3400 ♦ FAX: 724-495-3421

GCU DIRECT DEBIT AUTHORIZATION FORM

I hereby authorize GCU to initiate debit entries and to initiate, if necessary credit entries and adjustments for any debit 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.

Signature Required

Daytime Phone #

Date	Last Name (Print)	First Name & Initial (Print)	SS#
GCU Life Insurance Policy #	Amount	GCU Annuity #	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

CHECK ONE:

I am not currently participating in the Direct Debit Program
{ } New Debit

I am currently participating in the Direct Debit Program.
{ } CHANGE—Change financial institutions and/or account number.
{ } CANCEL—Stop my participation in the program.

*Authorized Day of the Month to apply direct debit: _____.

*If the authorized day is a Saturday, Sunday or Holiday, the debit will be made on the next business day.

TAPE YOUR VOIDED CHECK HERE