

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 DEPOSIT 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	Name (Print)	Financial Institution Name
SS Number	Annuity Number	Financial Institution Address

CHECK ONE:

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

15th of the month

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

*All authorization forms received by the 15th of the month will allow us to provide automatic account deposits with your next check. Forms received after the 15th will be processed into the automatic deposit procedure in the next subsequent month. You will continue receiving a check until the change is processed.

IMPORTANT! CHECK TYPE OF ACCOUNT { } CHECKING, { } SAVINGS

Please complete the following information for direct deposit to a savings account:

Your financial institutions ABA Routing number: _____

Your Savings Account number: _____

TAPE YOUR VOIDED CHECK HERE FOR DIRECT DEPOSIT
TO CHECKING ACCOUNT