



Direct Deposit Authorization

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Routing Number: 307084347

Checking Checking Account Number _____

Savings Savings Account Number _____

Form Request Reason:

Direct Deposit Employer: _____

Please begin direct deposit to the Guadalupe Credit Union account listed above.

I authorize _____ (name of employer) and GCU to automatically deposit my paycheck into my account listed above including authorization to correct entries made in error. This authorization will remain in effect until I give written notice to cancel it.

Member Signature

Date