great erie
FEDERAL CREDIT UNION

Direct Deposit Form

Please complete this form and forward it to your payroll department for faster processing.

Authorization Code: ☐ New ☐ Change ☐ Cancel

I authorize you and Great Erie Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account # _____ $ _____.__

☐ Savings Account # _____ $ _____.__

each pay period. This authority will remain in effect until I have cancelled it in writing.

FINANCIAL INSTITUTION INFORMATION

Financial Institution: Great Erie Federal Credit Union	Street Address: 4000 N Buffalo Rd
City, State &Zip Code: Orchard Park, NY 14127	Phone #: 716-662-1311

EMPLOYER INFORMATION

Employer Name:	Street Address:
City, State & Zip Code:	Phone #:

YOUR INFORMATION

Your Name:	Social Security #:
Your Signature:	Date:

⑆ 222381879 ⑆

TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.