



Direct Deposit Authorization Form

Member Name: _____

Social Security Number: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Payroll Number: _____

Phone: () _____ - _____ ext. _____

I am employed by _____

CREDIT UNION INFORMATION

Name: GE Credit Union
Address: 265 Sub Way, Milford, CT 06461
Phone: 800.992.8472
Fax: 203.876.944
Transit & Routing Number: 221182781

Checking (Draft) Account Number: _____

Savings (Share) Account Number: _____

Any changes made to your Direct Deposit will result in you receiving a regular check, until the Credit Union verifies the new information.

I authorize my payroll department initiate electronic entries to my GE Credit Union account. This would include credit entries, as well as debit entries whenever necessary to correct entries that were processed in error.

Member Signature: _____ **Date:** _____

Please provide a copy to your Payroll Department.

GE Credit Union
265 Sub Way • Milford, CT 06461
Phone: 800.992.8472 • Fax: 203.876.9944 myGECreditUnion.com