



# Direct Deposit Authorization Form

Member Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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:** 203.783.1131  
**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: 203.783.1131 • myGECreditUnion.com**