

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:
I 222381879 I	
TRANSIT ROUTING NUMBER (ABA)	
STAPLE VOIDED CHECK HERE.	