



# DIRECT DEPOSIT PAYROLL/AUTHORIZATION FORM

Phone: 847.724.6306 Fax: 847.724.1808

Many companies offer its employees the option of a Direct Deposit Payroll benefit. If you do not have a form provided to you by your company please verify that this will suffice for your payroll department prior to proceeding. At the very least this form will include the information your payroll department will need to set-up your direct deposit. The benefit of payroll deduction is ease of use, enhances on-line and debit banking, bill-pay and allows you to fund your checking and/savings accounts automatically. Your pay will be deposited regularly as you have indicated, even when you are on vacation, or away from work because of business or illness.

I hereby authorize my employer: \_\_\_\_\_ hereinafter called company, to initiate credit entries to my checking or savings account indicated below and the depository named below, hereinafter called Depository, to credit the same to such accounts.

- Please **ADD** the GCU to my current direct deposit instructions.
- Please **CANCEL** all prior direct deposit instructions and follow this instruction going forward:
- Depository Name: **GLENVIEW CREDIT UNION** 1631 Waukegan Rd., Glenview IL 60025

Bank Transit ABA Number: **2 7 1 9 8 4 7 8 0**

Bank Location # **70-8478/2719**

Your GCU Account Number:

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_____	DEPOSIT ENTIRE <b>NET</b> PAYMENT AMOUNT	_____	CHECKING	_____	SAVINGS
_____	\$_____ OF NET PAY EACH PAY PERIOD	_____	CHECKING	_____	SAVINGS
_____	BALANCE TO	_____	CHECKING	_____	SAVINGS

This authorization is to remain in full force and effect until the Company and GCU have received written notification from me of its termination in such time and in such manner as to afford Company reasonable opportunity to act on it. Certain accounts and loans are based upon full direct deposit. I recognize, acknowledge and accept that this service is being provided for my convenience and I am solely responsible to notify all parties in the event of any or all changes being made.

Signature: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### For Office/Payroll Use Only

Faxed to: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

**GLENVIEW CREDIT UNION 1631 WAUKEGAN RD., GLENVIEW IL 60025 PH: 847-724-6306 Fax: 847-724-1808**

