



Direct Deposit Authorization Form

Company Name: _____ Request Type: New Update

Name: _____ Social Security Number: _____

Financial Institution Information

GTE Financial
711 E. Henderson Ave.
Tampa, FL 33602
813.871.2690
Routing #: 263182794

Primary Account

Account Type: Checking Savings Health Savings Account Money Market

Deposit Type: Entire Paycheck OR Specific Amount \$ _____ OR Percentage _____%

Account Number: _____ Routing Number: 263182794

Optional Secondary Account *(If entire paycheck not selected above)*

Account Type: Checking Savings Health Savings Account Money Market

Deposit Type: Entire Paycheck OR Specific Amount \$ _____ OR Percentage _____%

Account Number: _____ Routing Number: 263182794

Optional Third Account *(If entire paycheck not selected above)*

Account Type: Checking Savings Health Savings Account Money Market

Deposit Type: Entire Paycheck OR Specific Amount \$ _____ OR Percentage _____%

Account Number: _____ Routing Number: 263182794

I authorize you to electronically deposit into my GTE Financial account(s) as specified above. If necessary, I authorize debit entries and adjustments for any credit error of funds I am not entitled to, not to exceed the original credit amount. Remaining funds, if any, will continue to be allocated as previously specified.

Signature: _____ Date: _____