Direct Deposit Request

Dear Employer,

I am authorizing you to send GTE Financial the amount indicated below each pay period. In the event that you deposit funds erroneously into my account, I authorize you to debit my account for the amount not to exceed the original amount of the credit.

GTE Financial Routing and Transit Number: 263182794.

☐ Deposit entire paycheck to:

    ☐ Savings Account # _____

    ☐ Checking Account # _____
                           (13 digits at bottom of your check)

Or

☐ Deposit a specific amount of paycheck as designated below:

    ☐ Deposit $ _____ to savings account # _____

    ☐ Deposit $ _____ to checking account # _____

    ☐ Deposit $ _____ to loan payment account # _____

    ☐ Deposit $ _____ to Health Savings Account # _____

I am paid: ☐ weekly ☐ every other week ☐ twice a month ☐ monthly

This authorization is: ☐ new ☐ changed ☐ deleted

Name (print): _____ Soc. Sec. #: _____

Signature: _____ Date: _____

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