

## **Direct Deposit Authorization**

Submit this form to your employer or any company or organization that you want to automatically deposit funds into your Greensboro Municipal Federal Credit Union Account. (Your employer or other organization may require a voided check) You may make additional copies if necessary.

Name (Please Print)		
	_	
Daytime Phone Number		
Select one: ☐ Total Paycheck Deposit	or $\square$ Fixed Amount of \$	each payday.
I hereby request and authorize my employment of the request and transmit said amore authorization supersedes other such receivery pay period until changed or stop Municipal Federal Credit Union are indepresentations or warranties regarding that employer has no responsibility or Credit Union.	unt to Greensboro Municipal Feder equests and such deduction / net ped by me. I understand that my ependent and unrelated entities; ag the services of Greensboro Mun	eral Credit Union each payday. This pay deposits are to be continued employer and Greensboro that employer makes no nicipal Federal Credit Union; and
Signature	 Date	
Green	sboro Municipal Federal Credit Ur	nion
	217 N. Greene Street	
	Greensboro, NC 27401	
Pho	ne: 336-373-2090 or 866-373-462	8
	Fax: 336-373-5896	
Routing/ABA Number: 253175931		
	□ Savings (7dig	gits)
GMFCU Account Number	☐ Checking (14	digits)
If you have questions, please contact u	s at the address or phone numbe	r indicated in this document.
217 North Greene Street, Greensbor	o, North Carolina 27401 Phone: 33	

217 North Greene Street, Greensboro, North Carolina 27401 Phone: 336.373.2090 Fax: 336.373.5896 2200 Soabar Street, Greensboro, North Carolina 27406 Phone: 336.373.2090 Fax: 336.335.5556 Toll Free: 866.373.4628 www.greensboromcu.org