Glass Cap Federal Credit Union Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing. Authorization Code: New Change Cancel l authorize you and Glass Cap 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 Account Holder Information Financial Institution: Glass Cap Federal Credit Union Name (Please print): Address: 241 North Pittsburgh Street SS#: City, State, Zip: Connellsville, PA 15425-5289 Signature: **Employer Name:** Date: Address: City, State, Zip: 1 243380260 L TRANSIT ROUTING NUMBER (ABA) STAPLE VOIDED CHECK HERE. Print this page