



GCF Bank

Direct Deposit Change Request

Personal Information

First Name:

Last Name:

Street Address:

City:

State:

Zip:

Daytime Phone Number:

To

Name of Payee:

Street Address:

City:

State:

Zip:

Please redirect my Direct Deposit to my account with GCF Bank as follows:

GCF Bank account number:

GCF Bank routing/transit number: 231271145

Account Type: Checking

 Savings

Please contact me at the phone number shown above if you have any questions.

Thank you,

Signature

Date