



ACH/DIRECT PAYMENT TRANSACTIONS

Date: _____

This form is in lieu of a cancelled check for ACH Transactions, direct deposit or debit of funds.

Account Holder Name: _____

Address: _____

City, State Zip: _____ , _____ _____

GPO Routing Number: 221380761

Account Number: _____

Checking: _____ Savings: _____

*Thank you,
GPO Federal Credit Union*