



# Federal Credit Union

## Payroll Deduction

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Name

Employee ID #

I authorize Payroll Services of the University of Oklahoma to withhold \$\_\_\_\_\_ from my salary each (pay period) (month) for subsequent deposit with the OU Federal Credit Union.

I certify that I have been informed that there may be a delay from the date of withholding until the credit union has been officially notified that the funds have been withheld and due the credit union.

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Signature

Date

Please return this completed form to the credit union at 2000 W. Lindsey or 900 Asp Avenue, sign and scan to [info@oufcu.com](mailto:info@oufcu.com), or fax to 405-325-7931.