



ACH AUTHORIZATION

I hereby authorize OU Federal Credit Union to initiate electronic transaction(s) between my OUFCU account indicated below and my account with the financial institution indicated below, hereinafter called *Financial Institution*. I acknowledge that the origination of ACH transaction(s) to or from my account must comply with the provisions of U.S. law. If the authorization date falls on a federal holiday or a weekend, the transaction will post the next business day.

Please attach a voided check, deposit slip, or an official document from financial institution showing the routing number and account number.

This authorization is to remain in full force and effect until OU Federal Credit Union has received written notification of its termination in such time and manner as to afford OU Federal Credit Union and *financial institution* a reasonable opportunity to act on it. There will be a \$5.00 service charge for returned items. There is a maximum of three (3) presentments for any one monthly payment/deposit.

Financial Institution Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Routing Number: _____ **Account Number:** _____

Account Name: _____ **Account Type:** Checking Savings Loan

Transaction(s) should be made:

To my OU Federal Credit Union account number _____ from my account listed above

From my OU Federal Credit Union account number _____ to my account listed above

Transaction(s) should be made:

One Time: Date _____ **Monthly:** 1st 15th _____ of each month

Weekly: Day _____ **Bi-Weekly:** Day _____

Other: _____

Name: _____ **Amount of transaction:** _____ **Begin Date:** _____

Signature: _____ **Date:** _____ **Telephone Number:** _____

For OUFCU Use Only

Rec'd by: _____ Date: _____ / Added to log by: _____ Date: _____ / Added to Tranzact by: _____ Date: _____