

## **ACH AUTHORIZATION**

I hereby authorize OU Federal Credit Union to initiate electronic transaction(s) between my OU Federal Credit Union account indicated below and my account with the financial institution indicated below hereinafter called *Financial Institution*. Lacknowledge that the origination of ACH transaction(s) to or from my

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 \$10.00 service charge for returned items. There is a maximum of three (3) presentments for any one monthly payment/deposit. Requests for transfers exceeding \$2,500 must be completed in person.

Financial Institution Name:					
Address:		City:	State: Zip	<b>:</b>	
Routing Number:		Account Number:			
Account Name:		Account Type:   Check	king $\square$ Savings	□Loan	
	Transaction(s) should be made:				
	To my OU Federal Credit Union account number		from my	from my account listed above.	
	From my OU Federal Credit Union acc	count number	to m	y account listed above.	
_	Transaction(s) should be made:				
	One Time: Date	$\square$ Monthly: $\square$	1 <sup>st</sup>	$\Box$ of each month	
	Weekly: Day	<b>Bi-Weekly:</b> D	ay		
	Other:				
Name:		Amount of transaction:	Begir	n Date:	
Signat	ure:				
For OUFCU Use Only					
Rec'd l	oy:Date:	Added t	o Tranzact by:	Date:	
Verifie	d & Released by: D	ate:			