OU Federal Credit Union

Payroll Deduction/Auto Funds Transfer

Name: _____OUFCU Account #: _____Phone #: _____

University of Oklahoma Payroll Deduction Designation

__ I authorize the OU Federal Credit Union to deposit the amount of payroll deduction as indicated on the Payroll Deduction Card from my salary each pay period to the following designations:

Monthly   Biweekly

Account Number	Loan Amount	Shares Amount	Checking Amount

By signing below, I hereby acknowledge the receipt of a Payroll Deduction disclosure.

Auto Funds Transfer from OU Federal Credit Union Account

__ I authorize the OU Federal Credit Union to automatically transfer funds as designated below:

From OU Federal Credit Union Account # _____ to OU Federal Credit Union Account # _____in the amount of $ _____starting with date _____.

Monthly   Biweekly   Weekly   Other: _____

__ I authorize the OU Federal Credit Union to STOP my automatic transfer as designated below:

From OU Federal Credit Union Account # _____ to OU Federal Credit Union Account # _____in the amount of $ _____starting with date _____.

Monthly   Biweekly   Weekly   Other: _____

Signature: _____ Printed Name: _____ Date: _____

For OUFCU Use Only

Rec'd by: _____Date: _____ Added to Forza by: _____ Date: _____