



ACH AUTHORIZATION

I hereby authorize OU Federal Credit Union to initiate electronic transaction(s) between my OU Federal Credit Union account indicated below and the 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 \$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:** _____
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 Tranzact by: _____ Date: _____

Verified & Released by: _____ Date: _____