



Auto Funds Transfer

New Request

I authorize OU Federal Credit Union to automatically transfer funds 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: _____

Stop Request

I authorize OU Federal Credit Union to STOP my automatic transfer 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: _____ Completed in Forza® by: _____ Date: _____

Please return this completed form to the credit union at 2000 W. Lindsey or 900 Asp Avenue, sign and scan to memberservices@oufcu.com, or fax to 405-325-7931.