



Federal Credit Union

Payroll Deduction Authorization

Name

Payroll ID #

I authorize Payroll Services of the University of Oklahoma/OU Health Sciences Center (Circle One) to withhold \$ _____ from my salary each biweekly or monthly (Circle One) for subsequent deposit with the OU Federal Credit Union.

I certify that I have been informed that there may be a delay from the date of withholding until the credit union has been officially notified that the funds have been withheld and due the credit union.

Signature

Date

Payroll Deduction Designation

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

Monthly

Biweekly

<u>Account Number</u>	<u>Loan Amount</u>	<u>Shares Amount</u>	<u>Checking Amount</u>

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

Signature: _____ Date: _____

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.