



ACH Auto-Pay Authorization

This form is required for the 0.25% Auto-Pay discount. In some cases, this may be a stipulation of the loan and will not receive a 0.25% discount.

I hereby authorize OU Federal Credit Union to initiate electronic transaction(s) to my OU Federal Credit Union account indicated below and from my 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.

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.

Financial Institution Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Routing Number: _____ **Account Number:** _____

Account Name: _____ **Account Type:** Checking Savings

Transaction(s) should be made to my OU Federal Credit Union account _____ from the account listed above:

Amount: \$ _____

Starting Date: ____ / ____ / _____

Monthly: ____ (of each month)

Bi-Weekly: _____ (day of every other week)

Semi-Monthly (1st & 15th of every month)

Printed Name: _____ **Signature:** _____ **Date:** _____

For OUFCU Use Only

Rec'd by: _____ **Date:** _____ / **Added to Tranzact by:** _____ **Date:** _____

Reviewed by: _____ **Date:** _____