



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

Effective Date

Payroll Deduction Designation

I authorize 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>

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.