

DIRECT DEPOSIT CHANGE REQUEST

Present the following form to your employer to move your direct deposit from your old financial institution to OU Federal Credit Union. Please keep in mind that with this request, some employers may request a voided check or other official document from your OU Federal Credit Union account.

Employer Name

Employer Number



I request to Stop Direct Deposit from the following account:

Financial Institution's Name *Account #*

ABA/Routing Number

Account Type: Savings Checking



I request for Direct Deposit to OU Federal Credit Union:

OU Federal Credit Union
Financial Institution's Name *Account #*

303085094
ABA/Routing Number

Account Type: Share Savings Checking

Name (Printed) *Email Address*

Address *City/State/Zip*

Signature *Date* *Telephone*