

**OKLAHOMA EDUCATORS CREDIT UNION**  
P.O. Box 22222  
Oklahoma City, OK 73123  
(405) 722-2234 (800) 324-8259

**AUTOMATED DEBIT  
AUTHORIZATION**

\_\_\_\_\_ Start      \_\_\_\_\_ Change Institution      Date \_\_\_\_\_

**OECU MEMBER INFORMATION**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Account Number \_\_\_\_\_ Work Phone \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION** *Please Attach a Voided Check*

Name of Institution to Debit \_\_\_\_\_  
Routing/ABA # \_\_\_\_\_  
Account Owner \_\_\_\_\_  
Account Number \_\_\_\_\_  
Monthly Debit Amount \_\_\_\_\_ Start Date \_\_\_\_\_

From: \_\_\_\_\_ Savings or \_\_\_\_\_ Checking

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS**

I hereby authorize Oklahoma Educators Credit Union (OECU) to initiate debit entries to my account at the financial institution described above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until OECU has received written notification from me of its termination in such time and in such manner as to afford OECU a reasonable opportunity to act on it.

**Policies**

- 1. Request for changes and cancellations must be received in writing 10 days prior to the next scheduled entry.
- 2. Written requests are required to stop an automated debit.
- 3. A debit returned for any reason will be charged a \$29.00 fee.

I have read and fully understand the above agreement and policies and agree to these items. I agree to hold OECU harmless for any action that may arise because of this draft.

Signature of the Debit Account Owner \_\_\_\_\_ Date \_\_\_\_\_ Signature of OECU Member \_\_\_\_\_ Date \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Account # \_\_\_\_\_ Start/Stop Date \_\_\_\_\_ Loan Suffix \_\_\_\_\_ or Share Suffix \_\_\_\_\_

Request Taken By \_\_\_\_\_ Input By \_\_\_\_\_ Date \_\_\_\_\_

*White copy to Data Processing      Yellow copy to Loan File      Pink copy to member*