



Please Start My Automatic Payment/Withdrawal

(Send this form to your vendor)

Your Name:	
Phone Number:	
Address:	
City:	
Credit Union Name:	OUCU Financial
Credit Union Address:	OUCU Financial 944 E State St Athens, OH 45701
Your OUCU Account #:	
Vendor Name:	
Vendor Account Number:	

State: _____ **Zip:** _____
Routing Number: 244273826

Checking Account Savings Account

I (we) authorize _____ to initiate variable entries to my checking/savings.

This authorization will remain in effect until I notify _____ in writing to cancel it in such time as to afford _____ a reasonable opportunity to act.

I also agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that _____ retains its normal collection rights.

Signature: _____ Date: _____

Second Signature (if joint account): _____

NOTE: FOR VERIFICATION PURPOSES
ATTACH A VOIDED OUCU FINANCIAL CHECK IN THIS AREA