



Where you belong.

# Start My Direct Deposit

Please review and complete the following information.  
Return this form to your employer's human resources office.  
You may need to give them a voided check.

## Direct Deposit Authorization:

<b>Name:</b>	<b>Social Security Number:</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Company Name:</b>	<b>Company Address:</b>	
<b>Company City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Deposit instructions:</b>		

Deposit entire amount to Checking Account Number: \_\_\_\_\_ Share Type: \_\_\_\_\_

Deposit \$ \_\_\_\_\_ to Savings Account Number: \_\_\_\_\_ Share Type: \_\_\_\_\_

and the remainder to Checking Account Number: \_\_\_\_\_ Share Type: \_\_\_\_\_

OUCU Financial  
 944 E State St  
 Athens, OH 45701  
 Transit/ABA# 244273826

### I hereby authorize:

- Above listed entity to initiate deposit of my funds to my OUCU Financial checking or savings account.
- OUCU Financial to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_