



Please Start My Automatic Payment/Withdrawal (Send this form to your vendor)

Your Name:
Phone Number:
Address:
City:
Credit Union Name:
Credit Union Address:
Your OUCU Account #:
Vendor Name:
Vendor Account Number:

State: Zip
Routing Number: 244273826
Ohio University Credit Union
944 E State St
Athens, OH 45701
Checking Account Savings Account

Payment Amount:
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 OHIO UNIVERSITY CREDIT UNION CHECK IN THIS AREA