

Switch your checking account to OU Credit Union.

It's easy! Just follow these steps:

What You'll Need

- OU Credit Union's Routing Number: **272479663**
- Your OU Credit Union Account Number
- Your OU Credit Union Account Share ID

1. Open your checking account.

2. Set up your direct deposit.

Fill out the Payroll Direct Deposit Form and give it to your employer's payroll office or to OU Credit Union to enroll in direct deposit. To change your current direct deposit, fill in the request at the bottom of the form to stop direct deposit to your previous financial institution.

To change your Social Security direct deposit, visit ssa.gov/deposit or call 800-772-1213.

3. Update automatic payments

Fill out the Automatic Payments Request Form and give it to the organization that you would like to automatically withdraw from your OU Credit Union account. To change your current automatic payments, fill in the request at the bottom of the form to stop automatic payments from your previous financial institution.

Set up your payments electronically for one-time or recurring payments with our FREE **Bill Payment!**

**For questions, please call 248-364-4708 or 800-766-6828,
visit oucreditunion.org, or stop by any OU Credit Union branch.**

Credit Union

Submit the following form to your employer to move your direct deposit from your previous financial institution to OU Credit Union or to enroll in direct deposit for the first time.

Employer Information:

Employer Name: Telephone Number:

Address: City: State: ZIP:

Request to direct deposit to OU Credit Union account:

Financial Institution Name: OU Credit Union Routing Number: 272479663

Account Number: Account Type: Savings Checking

Name: Email Address:

Address: City: State: ZIP:

Telephone Number: Signature:

- I am enrolling in direct deposit for the first time. I already have direct deposit with my previous financial institution.

Request to STOP direct deposit to the following account:

Financial Institution Name: Routing Number:

Account Number: Account Type: Savings Checking

By completing this authorization for direct deposit, I am authorizing the automatic deposit of my payroll or other funds into my OU Credit Union account. The authorization is to remain in effect until the payment originator has received written notification modifying or revoking your authorization. I acknowledge I must allow the payment originator a reasonable opportunity to act on my notification.

Oakland University Credit Union is a licensed trade name for Michigan State University Federal Credit Union (MSUFCU). All legal documents and Federal Reserve transactions will be between you and MSUFCU.

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Submit the following form to the organization with whom you currently have automatic payments or to set up new automatic payments from your OU Credit Union account. Some authorized withdrawals can be changed online. You may also set up recurring payments through Bill Payment.

Withdrawal Information:

Company or Financial Institution: _____

Type of Payment: _____ Amount: _____

Withdrawal Date: _____ Frequency: _____

Request to withdraw automatic payments from OU Credit Union account:

Financial Institution Name: OU Credit Union Routing Number: 272479663

Account Number: _____ - _____ Account Type: Savings
 Checking

Any further questions, please contact me:

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number: _____ Signature: _____

I am enrolling in automatic payments for the first time.

I already have automatic payments set up with my previous financial institution.

Request to STOP automatic payments from following account:

Financial Institution Name: _____ Routing Number: _____

Account Number: _____ Account Type: Savings
 Checking

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Federally insured
by NCUA



Credit Union

Close Account Request Form

Return the following form to the financial institution you wish to close. Be sure to leave sufficient funds in your current account long enough for remaining automatic payments, outstanding checks, and debit transactions to clear. After these items have all cleared, this form may be submitted to close the account.

Request to CLOSE the following account:

Financial Institution: _____

I am requesting the closure of my account _____ . Please forward the remaining funds
account number

to the address listed below:

MSU Federal Credit Union
3777 West Road
East Lansing, MI 48823

Name: _____ Joint Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number: _____ Date: _____

Signature: _____ Joint Signature: _____

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