OAKLAND UNIVERSITY™
Credit Union

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

Just follow these steps:

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 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 Form and give it to the organization 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 **Pay Bills** service!

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

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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: _____ Phone: _____

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

Request 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: _____

Phone: _____   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.

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

OAKLAND UNIVERSITY™ Credit Union

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 **OU Credit Union's Pay Bills** service.

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

Name:_____   Email address: _____

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

Phone: _____   Signature: _____

❏ I am enrolling in automatic payments for the first time.

❏ I already have automatic payments with my previous financial institution.

Request to STOP automatic payments to the following account:

Financial institution name: _____   Routing number:_____

Account number: _____   Account type: ❏ Savings
                                                                 ❏ Checking

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

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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
account number

the remaining funds to the address listed below.

OU Credit Union
PO Box 1208
East Lansing, MI 48826-1208

Name:_____   Joint name: _____

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

Phone: _____   Date:_____

Signature: _____   Joint Signature: _____

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