



OHECU Member Loan Number:

Please ensure that you complete all of the requested information in order to avoid a delay in the processing of your request.

I hereby authorize The Ohio Educational Credit Union to initiate debit entries to my account, indicated below, for the payment due each month on the above referenced loan. If the date falls on a weekend or holiday, the payment will be posted the following business day.

Financial Institution:

Routing Number:

Account Number: Savings Checking

Monthly Payment:

Date Each Month Payment to Be Made:

Date First Payment to Be Made: (at least 5 days advanced notice required)

This agreement is also authority for my financial institution named above to debit such account.

This authorization will remain in effect until The Ohio Educational Credit Union terminates it or until The Ohio Educational Credit Union receives written notification from me of its termination at least 5 business days prior to my next draft date. This written notice may be presented to an OHECU employee at your local branch or mailed to the following address :

Administration Office, Attn: Operations Dept, 4141 Rockside Rd, Suite 400, Seven Hills, OH 44131

Member Name (printed) Member Signature Date

Joint Member Name (printed) Joint Member Signature Date

Accepted By: OECU Operator Name Teller#

I wish to revoke the above authorization

Member Signature Date

Accepted By: OECU Operator Name Teller#

THIS AUTHORIZATION MAY BE REVOKED ONLY IN THE MANNER DESCRIBED ABOVE