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Authorization Code: ☐ New ☐ Change ☐ Cancel

I authorize you and Red River Community CU to initiate electronic credit entries,
 and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account #

\$

☐ Savings Account #

\$

each pay period. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Information	Account Holder Information
Financial Institution: Red River Community CU	Name (Please print):
Address: 2721 N. Main	SS#:
City, State, Zip: Altus, OK 73522	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

303184542

 TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.