



ATM/Debit Card Application

All applications are subject to approval. An OU Federal Credit Union share draft account is required for purchase of goods or services. By my signature, I request the OUFCU Check Card. I have been instructed by OUFCU to memorize my PIN number, never write it on my card, and never tell anyone my PIN except people who are authorized to sign on the account, and even then disclosure is at my discretion. I have also received and read the liability disclosures concerning the use of my card.

Account # _____ Regular Checking: Student Checking: Savings:

Cardholder Name

Ship to: Lindsey location

Student Union location

OR

Address

City

State

Zip

Primary Phone #: _____

Secondary Phone #: _____

Birth date: _____

Last 4 of SSN: _____

Mother's Maiden Name: _____

Signature: _____ Date _____

For OUFCU Use Only

Received By

Date

Ordered By

Card#

Date