



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 an OU Federal Credit Union Check Card. I have been instructed by OU Federal Credit Union 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 disclose it at my discretion. I have also received and read the liability disclosures concerning the use of my card.

Cardholder Name (limited to 18 characters) _____

Account # _____

Checking Type: Regular Student Student Organization **Savings Only:**

Ship to: Lindsey location Instant Issue Student Union location

OR

Address

City State Zip

Primary Phone #: _____

Secondary Phone #: _____

Birth date: _____

Last 4 of SSN: _____

Mother's Maiden Name: _____

Member's Signature: _____ Date _____

For OUFCU Use Only

Received By Date

Ordered By Card# Date