



Online Banking Authorization
Student Organization Account

Organization Name _____

Tax ID Number _____

Primary Contact Phone Number _____

Primary Contact E-Mail Address _____

I request OU Federal Credit Union to make the account listed above accessible via its online banking portal, \$oonerNet.

By signing this form, I certify I have read the \$oonerNet Account Access Agreement, and agree to abide by all of the terms set forth in the \$oonerNet Account Access Agreement. I also certify I am the advisor on the above listed account.

Advisor's Signature: _____ Date: _____

You may deliver the completed form to any of our conveniently located branches or

You may mail the completed form to **PO Box GG, Norman, OK 73070-7108**

You may fax the form to **(405) 325-7931**

You may scan and email the form to info@oufcu.com

For OUFCU Use Only

Processed By _____

Date _____