



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 Debit 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; even then, disclosure is at my discretion. I have also received the EFT Disclosure concerning my debit card.

Member Number: _____ Card Number: 4853-8300-_____-_____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Mother's Maiden Name: _____

Cardholder Name (Limit 18 characters): _____

Second Line (i.e. Household Checking): _____

- I wish to have the card created in the branch.
- I wish to have the card mailed to the address listed above.

Cardholder Signature: _____ Date: _____

For OUFCU Use Only:

Rec'd by: _____ Date: _____ Added to Forza® _____ Date: _____

Ordered in Transfund® _____ Date: _____