

I/We authorize OU Federal Credit Union to make and accept the following changes to my/our account listed:

Please add tl	ne indicated account type(s)	and/or accou	nt service(s).			
Please add jo	oint owner to the indicated a	ccount type(s) and/or service	e(s).		
Account Types				Account Services		
Share Savings	Share Certificate	Sooner	Teen	Online Banking		
Checking	Money Market	Lil Boo	mer	Other		
Member/Owner Nar	me:			Member#		
The account(s) is a jo	oint account w/rig	ghts of survivo	orship	w/o rights of	survivorship	
Joint Owner Name:_				Member #*		
Address:				SSN/TIN:		
City/State/Zip:				Date of Birth:		
Primary Phone:				Email:		
Employer:				Occupation:		
Joint Owner Name:_				Member #*		
Address:				SSN/TIN:		
City/State/Zip:				Date of Birth:		
Primary Phone:				Email:		
Employer:				Occupation:		
mbership and Accoun credit union makes fi	of Agreement, Truth-in-Saving rom time to time which are in	previously sig gs Disclosure, ncorporated h	Funds Availabil	ard and are subject to the ten ity Policy disclosures, if appli knowledge receipt of a copy o	cable, and to any amend	
liosures applicable to	the accounts and services re	questeu.	X			
gnature	Da	ate	Signature		Date	
			Χ			
gnature	_	ate	Signature		Date	