



Debit Card Application & Replacement  
Organizational Accounts

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: \_\_\_\_\_

Organization 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.

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For OUFCU Use Only:

Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_ Added to Forza® \_\_\_\_\_ Date: \_\_\_\_\_

Ordered in Transfund® \_\_\_\_\_ Date: \_\_\_\_\_