



Online Banking Authorization

Name (please print) _____

Social Security Number _____

Daytime Phone Number(s) _____

E-Mail Address _____

I request OU Federal Credit Union make the following account(s) accessible within the online banking system.

Please list all the account numbers and suffixes on which you are a signer on and would like accessibility.

Account Number

Suffixes

Example: 12345

1, 10, 28, 221

By signing this form, I certify I have read the Online Banking Access Agreement, and agree to abide by all of the terms set forth in the Online Banking Access Agreement.

I also certify I am a signer on the above listed account(s).

Signature: _____ Date: _____

For OUFCU Use Only:

Rec'd by: _____ Date: _____

Changed in Forza® _____ Date: _____

Verified by: _____ Date: _____

Verified in Forza® _____ Date: _____