

Date:

OU Federal Credit Union
PO Box GG
Norman, OK 73070

To Whom It May Concern:

I, _____, am the advisor for the student organization

_____. This organization's Tax ID number is _____.

The mailing address has changed to _____. The primary phone should now be _____; the secondary phone should now be _____.

Signers to be on the account:

Authorized Signer Name

Signature

SSN

Authorized Signer Name

Signature

SSN

Authorized Signer Name

Signature

SSN

Authorized Signer Name

Signature

SSN

All other signers should be removed from the account.

Each new signer will visit a physical branch to sign this document, provide their social security number, and will bring their unexpired driver's license, state ID, or US passport.

Thank you,