

Date:

OU Federal Credit Union
PO Box GG
Norman, OK 73070

To Whom It May Concern:

I, _____, am the advisor for the student organization
_____. We would like to open a membership savings and a checking
account with OU Federal Credit Union. I understand that I am legally responsible for this account.

This organization's Tax ID number is _____. The mailing address is
_____. The primary phone is _____; the
secondary phone is _____.

Signers to be on the account:

Advisor Name	Signature	SSN
Authorized Signer Name	Signature	SSN
Authorized Signer Name	Signature	SSN
Authorized Signer Name	Signature	SSN
Authorized Signer Name	Signature	SSN

We understand that OUFCU is not responsible for verifying that two signatures are present on any dual signature checks we may order.

We also understand that should we choose to order an ATM/debit card, the 24 hour spending limit will be \$500 for ATM withdrawals and \$2,500 for other transactions and that these limits will not be increased. We also understand the limitations of our chargeback rights as presented in the credit union's disclosures.

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

Please find attached our check order form, ATM/debit card application, and Online Banking agreement.

Thank you,

Advisor's Name
Advisor's Title/Department