

Date: _____

OU Federal Credit Union,

I, _____, attest that I am the _____ of the Recognized Student Organization _____ at the University of Oklahoma and am authorized to represent and act on behalf of said organization. We would like to open a membership share savings and a share draft checking account with OU Federal Credit Union in the organization's name.

- This organization's Tax ID number is _____
- The mailing address is _____. This address may be used for statements, notices, and official correspondence regarding the account and is regularly monitored for incoming items.
- The primary contact telephone number is _____; the secondary contact telephone number is _____.

Our Advisor/Sponsor is _____, the _____ and is hereby designated as a Trusted Contact. They may be reached at _____ in the event that the primary and secondary contacts are not available. They are authorized to receive such account information as is necessary to relay the reason for contact.

The authorized signers for the account are:

Authorized Signer's Full Name	Signature	SSN
Authorized Signer's Full Name	Signature	SSN
Authorized Signer's Full Name	Signature	SSN

*Each signer, myself included, 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. Each signer hereby agrees to be jointly and severally responsible for all transaction activity on this account. We agree to notify OU Federal Credit Union of any changes to contact information or authorized signers immediately.

We understand that OU FCU is not responsible for verifying that two signatures are present on any dual signature checks or drafts that we may order or that may be presented for payment. We also understand that should we choose to order Debit Cards, there are limitations to our chargeback rights as presented in OU FCU's disclosures.

Thank you,

Signature of Authorized Representative