

VISION BANK
E-STATEMENT SIGN UP SHEET

APPLICANT INFORMATION (Please Print)
 (Required Fields *)

*Name(s): _____

*Address: _____

*Home Phone: _____ Work Phone: _____

*E-mail: _____

Add/Delete/Change	Account Type (Checking, Savings, CD, Loan, IRA)	Account Number		This column for Bank use only

I give Vision Bank permission to send all notices and statements to the above listed account(s) in electronic format. By signing below I certify I have read and agree to the disclosures set forth by Vision Bank N.A. and I am authorized to sign on the account(s) listed above.

***MUST have both signatures if joint-owners are using the same E-Stmt Username and Password.**

 Signature(s)

 Date

101 E Main
 Ada, Ok 74820

820 Jim Thorpe Blvd
 Prague, Ok 74864

409 S. Dawson
 Meeker, Ok 74855

1800 Arlington St
 Ada, Ok 74820
(888) 332-5132

2514 University Blvd.
 Durant, Ok 74701
Fax: (580) 310-1140

www.visionbankok.com