



INTERNET BANKING AUTHORIZED USER REQUEST FORM

I, _____ authorize Vision Bank to provide
 (Must be authorized signer on all accounts.)
 _____ with information needed to access the following
 accounts via Internet Banking.

Account Type <small>(Checking, Savings, CD, IRA, Loan)</small>	Account Number	Allow Transfers Yes / No	This column is for Bank use only.

I further understand that I am responsible for contacting the NetBanker at Vision Bank if at any time I wish to revoke access to this user.

****By signing below I am stating that I have read and accept the disclosures that apply to Vision Bank Internet Banking and/or Internet Banking Cash Management****

Signature(s)

Date

Signature(s)

Date

101 E. Main
Ada, OK 74820

2514 University Blvd.
Durant, OK 74701

802 Jim Thorpe Blvd.
Prague, OK 74864

1100 W. Broadway
Sulphur, OK 73086

1800 Arlington St.
Ada, OK 74820

4301 N. Harrison
Shawnee, OK 74804

409 S. Dawson
Meeker, OK 74855

1200 E. Main
Davis, OK 73030