



Member FDIC

INTERNET BANKING CHANGE FORM

APPLICANT INFORMATION (Please Print)
Required Fields *

*User Name(s): _____
(Must be authorized signer on all accounts.)

*Address: _____

*Home Phone: _____ Work Phone: _____

*SSN #: _____ *E-Mail: _____
(Primary Account Holder)

Account Type (Checking, Savings, CD, IRA, Loan)	Account Number	Allow Transfers Yes / No	Add / Delete / Change

By signing below I certify I have read and am able to print the agreement and disclosures set forth by Vision Bank. I am authorized to sign on the account(s) listed above. I authorize Vision Bank to change my Internet banking enrollment statue as directed above.

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

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