



kirkpatrickbank.com • (405) 341-8222

ATM / CHECK CARD REQUEST

4 digit pin # _____

New Card Replacement

For replacement cards only:

CARD # _____ REASON FOR REPLACEMENT Lost / Stolen Worn / Broken

TYPE OF CARD REQUEST

ATM Card Only Check / ATM School Card *Select one: () Deer Creek () Edmond North () Edmond Memorial () Edmond Santa Fe*

ISSUE CARDS TO:

Checking Account # _____ Account Holder (Name on account) _____

Cell # _____ Home # _____ Work # _____

Address _____

ACCOUNT INFORMATION & INSTRUCTIONS

Do you wish to access your savings account to make transfers or withdrawals at an ATM?

Yes No If yes, please provide your account # _____

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AUTHORIZATION

I (we) the Account Holder(s) request an ATM/Check Card to be used in conjunction with the accounts listed above. I (we) agree to the terms and conditions contained in the Deposit Account Agreement, including any fees and charges. I (we) agree that all information provided by me (us) is accurate and authorize Kirkpatrick Bank to verify any personal and financial information necessary.

Account Holder:

X _____ Date _____

BUSINESS ACCOUNTS ONLY:

Person(s) Authorized For a Debit card

Name (print) _____ Signature _____

Name (print) _____ Signature _____

Name (print) _____ Signature _____