

OVERDRAFT SERVICES DISCLOSURE AND CONSENT FORM

Account
Holder:

Financial
Institution: Kirkpatrick Bank
Main Bank
P.O. Box 2850
Edmond, OK 73083

Right to Revoke Consent

If you have given your consent to have Kirkpatrick Bank authorize and pay overdrafts on ATM and everyday debit card transactions, you may revoke that consent at any time by notifying Kirkpatrick Bank as follows:

Complete and present this revocation of consent form to us at a branch or mail it to:

Kirkpatrick Bank
P.O. Box 2850
Edmond, OK 73083

_____ I do not want Kirkpatrick Bank to authorize and pay transaction that cause the account(s) listed below to be overdrawn due to ATM and everyday debit card transactions.

Account Number(s): _____

Print Name: _____

Signature: _____

Date: _____

(If this is a joint account, any one of you may revoke the consent on behalf of the other account holder(s).)