

Confirmation of Consent

Institution Name and Address

Vision Bank
101 East Main Street
PO Box 669
Ada, OK 74821

Account Owner Name and Address

Date

This notice is confirmation that you (the above named Account Owner) consented to our (the above named Institution) authorizing and paying overdrafts on your ATM and everyday debit card transactions with respect to the following account:

Account number _____ .

You have the right to revoke such consent at any time.