



OKLAHOMA BANKERS ASSOCIATION
PROFESSIONAL MEMBERSHIP PROGRAM
Enrollment Form

Name: _____

E-mail Address: _____

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Your Title/Position in the Bank: _____

Please sign me up for the FREE Deluxe ID TheftBlock® Basic program!

(Enrolling is optional)

(Form may be copied for use with multiple accounts – member's account(s) only)

Bank routing number: _____

Account number: _____

First Name: _____ Last Name: _____

Phone Number: _____ Last 4 digits of your Social Security #: _____

Please return this form to:

Adrian Beverage
Oklahoma Bankers Association
643 N.E. 41st

Oklahoma City, OK 73105

Phone: 405/424-5252 – Secure Fax Line: 405/604-9545 – adrian@oba.com

We Make Bankers Better!

www.oba.com