

Oklahoma Department of Corrections

IBSA Account Request

<b>ODOC #:</b>	<b>Request Date:</b>
<b>Inmate Name:</b>	<b>SSN# (Tax Payer ID#):</b>
<b>Facility:</b>	

<b>Requested Action</b>	<b>Amount</b>
<b>Deposit of Funds into IBSA Account</b> (Deposits into IBSA requires the inmate's available balance to be at least \$100.)	\$
<b>Transfer Funds From IBSA Account</b> (Transfers out are only allowed once per 90 days)	\$
Date of last IBSA Transfer	

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_