

ATM Fee Refund Form

Name: _____

Phone: _____

Account Number: _____

Amount: _____ Date: _____

Amount: _____ Date: _____

Amount: _____ Date: _____

Amount: _____ Date: _____

Total Amount of Fees: _____

Receipts must be presented with in 30 days of date on ATM receipt.

**Attach original receipts only. Photocopies or scanned images will not be accepted. Refund will be credited to your account.*

Mail your receipts to:

Central National Bank
C/O Ultimate Checking
PO Box 3448
Enid OK 73702

Or bring them to your nearest branch.

Any questions, please call our customer care center at 580-233-3535

_____ Bank use only _____

Received By: _____

Date: _____

Amount Refunded: _____