Oklahoma Department of Corrections

IBSA Account Request

ODOC #:	**Request Date:**
Inmate Name:	**SSN# (Tax Payer ID#):**
Facility:	

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

Inmate Signature:_____Date:_____

Staff Signature: _____Date:_____

DOC 120230D
(R 06/20)