

## DIRECT DEPOSIT AUTHORIZATION FORM

This form authorizes the transfer of your deposit to the account specified at the financial institution listed below. For more details visit, [bankoftexas.com/INSERT\\_HERE](https://bankoftexas.com/INSERT_HERE).

### Financial Institution Details:

**Name**

Bank of Albuquerque

**Address**

PO Box 2300

**City**

Tulsa

**State**

Oklahoma

**ZIP Code**

74192

**Telephone**

(800) 346-5312

**Routing Number**

107006606

### Your Information:

**Name**

**Address**

**City**

**State**

**ZIP Code**

### Account Details:

**Type of Account (Checking/Savings/MMA)**

**Account Number**

### Employer Details:

I authorize \_\_\_\_\_ (name of employer) to automatically deposit my paycheck into my account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.

**Your Signature**

**Date**