

Direct Deposit Authorization Form

This form authorizes the transfer of your deposit to the account specified at the financial institution listed below.

FINANCIAL INSTITUTION DETAILS

Bank name: Bank of Albuquerque Address: PO Box 2300
City: Tulsa State: OK Zip code: 74192
Phone number: (800) 583-0709 Routing number: 107006606

YOUR INFORMATION

Full 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: _____

