

## 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, [bankofoklahoma.com/INSERT\\_HERE](http://bankofoklahoma.com/INSERT_HERE).

### Financial Institution Details:

Name	Address	City
Bank of Oklahoma	PO Box 2300	Tulsa
State	ZIP Code	Telephone
Oklahoma	74192	(800) 234-6181
<b>Routing Number</b>		
103900036		

### 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