

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.

Financial Institution Details:

Name

Bank of Oklahoma

Address

PO Box 2300

City

Tulsa

State

Oklahoma

ZIP Code

74192

Telephone

(800) 234-6181

Routing Number

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