

# 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: BOK Financial

Address: PO Box 2300

City: Tulsa

State: OK Zip code: 74192

Phone number: (844) 517-3308

Routing number (select your state below):

☐ Arizona: 122105498

☐ Colorado: 102000607

☐ Arkansas: 082901392

☐ Kansas/Missouri: 101015101

## 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:

