

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:

