

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 Texas Address: PO Box 2300
City: Tulsa State: OK Zip code: 74192
Phone number: (800) 346-5312 Routing number: 111014325

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: _____

