

**DIRECT DEPOSIT AUTHORIZATION (ACH TRANSFER)**

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**IMPORTANT:** In an effort to avoid identity theft, a BOKF Financial Representative will attempt to contact you to verify your direct deposit banking information. If BOKF is unable to verify your banking information within **24 hours** of attempting to contact you, **a check will be issued** as the default payment method.

**INSTRUCTIONS FOR DIRECT DEPOSIT INTO BANK ACCOUNT**

PARTICIPANT'S NAME: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH / ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ Zip: \_\_\_\_\_

BANK PHONE: (\_\_\_\_) \_\_\_\_\_ TYPE OF ACCOUNT  Checking  Savings

ABA / ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

(Please call your bank for verification)

**A VOIDED CHECK (checking account) OR DEPOSIT SLIP (savings account) MUST BE ATTACHED.**  
**The following preprinted information must be included: participant's (or alternate payee's) name and address.**  
**PLEASE NOTE that if this information is not received, then a check will be issued.**



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**AUTHORIZATION**

I hereby authorize payment using an automatic transfer by ACH to my account named above. The name on the check must match the participant's (or alternate payee's) signature. **NOTE: This option is not available for rollover distributions.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**