



Loan Payment Transfer Authorization Form

RETURN TO: Bank OZK, Attn Loan Administration, PO Box 196, Ozark AR 72949 along with a voided check.

New Request **Change of Previous Request**

Customer information

Borrower name	Co-borrower name		
Address	City	State	Zip
Daytime phone number			

Bank account information

Bank name			
Bank ABA/routing number	Bank account number		
Account type <input type="checkbox"/> Checking (Voided check MUST be Enclosed)	<input type="checkbox"/> Savings		

Bank OZK Loan Information

Loan Number	Transfer Amount	Day of Month for Transfer	Transfer Frequency
<p>Transfer Amount Differs from my regular scheduled payment</p> <p>Transfer Date is different than my regular scheduled Due Date</p> <p><small>*Note: Bank OZK will not accept a Payment Transfer request in which the draft date is outside of the Grace Period, if any.</small></p>			

Authorization

* I hereby authorize Bank OZK to initiate automated transfers to my loan account at Bank OZK, as indicated above, and from my account at the Financial Institution, as indicated above.

* I hereby authorize Bank OZK to initiate any adjustments, as necessary, for any transactions credited or debited in error.

* This authority shall remain in effect until Bank OZK is notified in writing to cancel this authority in such time as to afford Bank OZK a reasonable opportunity to act upon the cancellation.

* **I understand and agree that the draft date and draft payment amounts may be subject to change under the following conditions:**

- Termination of my automated payment transfer may result in a change to my interest rate/payment **IF** my Loan Agreement contains a Preferred Rate Addendum.
- If I request a change to my payment due date, I authorize Bank OZK to change when the Payment Draft will take place to the new payment due date.
- If my monthly payment amount has changed because I have a variable rate loan ,an escrow payment adjustment, have executed a Modification or Change in Terms Agreement, or because of my eligibility for rate relief under the Servicemembers Civil Relief Act, I authorize Bank OZK to adjust the amount of the Payment Transfer and notify me on my periodic or billing statement accordingly.

* I understand and agree that this authorization will be subject to all Terms, Conditions, and Agreements and that I am a borrower on this account and an authorized signer on the bank account to be debited.

Customer Signature _____ Date _____

Officer Approval _____

Date _____