



**ACH Loan Payment Transfer Authorization Form
RETURN TO LOAN BOOKING DEPARTMENT**

I hereby authorize Bank OZK to initiate automated transfers to my loan account at Bank OZK, as indicated below, and from my account at the Financial Institution, as indicated below. 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 and the Financial Institution indicated below a reasonable opportunity to act upon the cancellation.

Bank OZK' Loan Account Number to Credit: _____

Financial Institution Account Number to Debit: Routing #: _____

Account #: _____

Financial Institution Name: _____

City/State/Zip: _____

Amount of Transfer: _____ **Date of Transfer:** _____

If Transfer amount is different than amount due each month please check here _____

If Date of Transfer is other than the Due Date then please check here _____

Expiration/Loan Maturity Date: _____

Customer Name: _____

Customer Address: _____

Customer's Phone Number: _____

Customer's Signature: _____ **Date:** _____

Return the completed form along with a voided check to:

**Bank OZK
P.O. Box 196
Ozark, AR 72949**

*****The automated monthly transfer will not be established without this requirement.*****