Please print address information for return confirmation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip

RE: Mortgage Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZATION TO DRAFT MORTGAGE PAYMENTS

Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank ABA/Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: Routing Numbers cannot begin with “5”)

Bank Account #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking\_\_\_\_ Savings\_\_\_\_

Draft Date: 1 2 3 4 5 6 7 8 9 10 No Change (PLEASE CIRCLE ONE)

Month/Year to begin draft:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please draft additional principal in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize BOK Financial, N.A./or assigns to charge my mortgage payment to my bank account number as referenced on this authorization form. I understand that the funds will be withdrawn monthly on the payment date selected and that it is my responsibility to ensure sufficient funds are in my account at that time. (If the draft date falls on a weekend or holiday, the draft will occur the following business day). I understand that if my total payment amount changes due to fluctuations in escrow requirements or interest rate changes, I will have received prior notice of the change and the new amount will automatically be withdrawn on the effective date of such change. I also understand that if my debit is returned for “Not Sufficient Funds” or any other reasons, a processing fee will be charged to my mortgage account and this service may be discontinued. I understand that I can terminate and/or make changes to this authorization by giving BOK Financial, N.A. written notice 15 days prior to the 1st day of the effective month.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form2.88 PDF Version

Please complete the Authorization Form and return it by fax, email or regular mail.

Fax: 918-488-7188

Email: [MortgagePaymentMedia@bokf.com](mailto:MortgagePaymentMedia@bokf.com)

Mail: PO Box 35688, Tulsa, OK 74153

**Please continue paying by check or online until you receive verification of the beginning draft month.**