



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	Cancel Request
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Customer Information

Borrower Name	Co-Borrower Name		
Address	City	State	Zip
Daytime Phone Number			

Bank Account Information

Bank Name	
Bank ABA/Routing Number (N/A for a Bank OZK Account)	Bank Account Number
Account Type Checking (<i>Voided check is required if the account is NOT a Bank OZK account</i>)	Savings

Bank OZK Loan Information

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

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.
- * I hereby authorize Bank OZK to cancel automated transfers to my loan account at Bank OZK, as indicated above.
- * 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 if I establish an automated transfer for only the regular payment due, this instruction will not pay any late fees incurred, annual fees, or any other loan related fees, as applicable.*
- * **I understand and agree that the draft date and draft payment amounts may be subject to change under the following conditions:**
 - 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.

Electronic Transmittal/Electronic Signature. The undersigned agrees that this Loan Payment Transfer Authorization Form ("Authorization") and any documents, notices, resolutions, or authorizations related thereto or related to the transactions contemplated herein or necessary for the consummation of the transactions contemplated herein, may be executed, scanned and transmitted electronically and electronic signatures shall be deemed original signatures for purposes of this Authorization and all matters related thereto, with such scanned and electronic signatures having the same legal effect as original signatures in accordance with the Electronic Signatures in Global and National Commerce Act ("E-Sign Act"), Title 15, United States Code, Sections 7001 et seq., the Uniform Electronic Transaction Act ("UETA") and any applicable state law. This Authorization, any document, notice, resolution, or authorization accepted, executed or agreed to in conformity with such laws will be binding on each party as if it were physically executed.

Customer Signature

Date

Officer Approval

Date