



CoMark Equity Alliance, LLC

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize CoMark Equity Alliance, LLC to initiate automatic deposits to my account at the financial institution named below. I also authorize CoMark Equity Alliance, LLC to make withdrawals from this account if a credit entry is made in error.

Further, I agree not to hold CoMark Equity Alliance, LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

The agreement will remain in effect until CoMark Equity Alliance, LLC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to CoMark Equity Alliance, LLC.

Account Information

Name of Financial Institution _____

Address _____

City, State, Zip _____

Phone _____

Routing Number _____ Account Number _____ ☐ Checking ☐ Savings

Signature

Company Name _____ Customer # _____

Authorized Signature (Primary) _____ Date _____

Print Name: _____

Please attach a voided check and return this form to:

CoMark Equity Alliance, LLC, PO Box 947, Enid, OK 73702