



**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 in the event that 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.

This 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 the CoMark Equity Alliance, LLC.

**Account Information**

Name of Financial Institution and Address:

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

Routing Number:

\_\_\_\_\_

Account Number:

\_\_\_\_\_

- Checking  
 Savings

**Signature**

Company Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please attach a voided check or deposit slip and return this form to: