



RE: Optional Direct Deposit (ACH) Enrollment

Dear Revenue Owner,

Martindale Consultants, Inc. is offering the option to send your revenue proceeds via direct deposit. If you would like to participate in this service, **you must provide your ABA routing number and bank account. We also request that you attach a voided check from the account so we can verify the routing and account numbers.** As a measure of additional security, please provide your owner name and number, the last four digits of your social security number, EIN, or TIN, your telephone number, and your email.

Once you complete this form, please sign and return to:

**Martindale Consultants, Inc.
Revenue Distribution
4242 North Meridian Avenue
Oklahoma City, OK 73112**

Owner Name _____

Owner Number _____

Telephone Number _____

Email Address _____

Last four digits of SSN/EIN/TIN _____

Bank Name _____

ABA Routing Number _____ (Checking ___ or Savings ___)

Bank Account Number _____ (include a voided check)

By signing below, you agree to let Martindale Consultants, Inc. remit revenue proceeds to the bank and account number listed above. Also, you agree to hold Martindale Consultants, Inc. harmless for any error made in the information you provided above.

Signature _____

Date _____

Printed Name & Title _____