

**Blake Production Company, Inc.
Direct Deposit Application Form**

I hereby authorize Blake Production Company, Inc. to deposit the proceeds of my revenue checks directly into the bank account specified below via electronic funds transfer (ACH direct deposit). This authorization will remain in effect until Blake Production Company, Inc. receives written notice from me to terminate or change this authorization.

APPLICANT INFORMATION

Owner Name:		
Owner Number:	Last 4 digits of SSN or TIN:	
Email Address: (Applicant must provide email for enrollment. Revenue check detail will be sent via email once you are enrolled)		
Address:		
City:	State:	Zip:
Phone Number:		

BANK INFORMATION

Financial Institution:		
Routing Number:		
Name of Account Holder:		
Account Number:		
Account Type (Check One)	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving

AUTHORIZATION

Owner Signature:	Date:
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PLEASE ATTACH VOIDED CHECK TO THE APPLICATION. FORMS WITHOUT A VOIDED CHECK WILL BE CONSIDERED INCOMPLETE

VOIDED CHECK GOES HERE

PLEASE MAIL THE COMPLETED AND SIGNED FORM TO:

Blake Production Company, Inc.
C/O Revenue Department
1601 NW Expressway, Suite 777
Oklahoma City, OK 73118

Email: admin@blakeproduction.com

Phone: 405-286-9800