Midwest Funeral Funding, LLC "Time is Money"



PO Box 851 Big Lake, MN 55309 P (612)730-1269 F (800) 878-0896 Claims@midwestfuneralfunding.com

New Client Account Set up

Funeral Home Name:			
Owners Name(s):			
Mailing Address:		·	
City:	State:	Zip Code: _	
Telephone:	Fax:		
Email Address:			
Federal Tax Id #:		_	
	Additio	onal Authorized Dir	rectors:
			
How Many insurance assi	gnments do you pro	ocess per month?	
•		· _	
, , , , , , , , , , , , , , , , , , ,			
	Preferred Me	thod of Paymen	at (Check One)
	Treferred Wie	thou of Fuymen	it (Greek Orie)
	Wire ACD De	nosit (¢10 Fca)	
		posit (\$10 Fee)	
	2 Day USPS Ch	neck (\$20 Fee)	

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Depository Name:

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DIRECT DEPOSIT (ACD) AUTHORIZATION & AGREEMENT

I (We) the undersigned duly authorized officer(s) of the below-named Funeral Home does hereby authorize Midwest Funeral Funding, LLC ("Midwest"), as the originator, to initiate credit and/or debit entries to such Funeral Home's checking account at the depository financial institution named below and to credit and/or debit the same to such account. This includes my (our) authorization to Midwest to reverse any entries made in error.

	Branch:								
	City:								
	Contact Number:	Con	Contact Name:						
	Routing Number:	Acc	ount Number: _						
authorized The time b	orization shall remain in full officer of the Funeral Home of between Midwest's receipt of snd Depository to act thereon.	fits intent to terminate this assuch notice and the effective	Authorization ange date of termin	d the effective dat nation shall be suf	te of such termination.				
	(Name of Funeral Home):								
Tax ID: Owner Printed Name (1):									
	Title:								
	Owner Printed Name (2):								
	Title:								
	Signature:								
		VOIDED CHEC	K						
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