



P.O. Box 5466
Martinsville, VA 24115

Phone (800) 423-7817
Fax (276) 632-1408

PAYMENT AUTHORIZATION

I hereby authorize ABM Funding, Inc. to credit my account at the Financial Institution specified below, or to mail a check to the desired address.

This authority is to remain in full force and effect until ABM Funding, Inc. receives written notification to do otherwise. If funds to which I am not entitled are deposited to my account, I authorize ABM Funding, Inc. to direct the below named financial institute to return said funds to ABM Funding, Inc., 755 E. Church St., P.O. Box 5466, Martinsville, VA 24115.

FUNERAL HOME INFORMATION: (please print or type)

NAME _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

CONTACT PERSON _____

PLEASE CHECK METHOD OF PAYMENT PREFERRED:

_____ **ACH TRANSFER** (Free of charge, takes one business day to show in account)

_____ **WIRE TRANSFER** (Bank charges a \$15 Fee, goes into account same day)

Complete the section below if you checked ACH Transfer or Wire Transfer.

Please confirm with your bank that the routing number is correct. The numbers can vary between ACH routing numbers and Wire routing numbers.

ACCOUNT NUMBER _____ DATE _____

BANK NAME & ADDRESS _____

BANK TELEPHONE NUMBER _____

ROUTING NUMBER _____ INCORPORATED Yes ___ No ___

(Please include a copy of a voided check)

_____ **CHECK MAILED TO ESTABLISHMENT** (address listed above)