



New Client Account Set-up

Funeral Home Name:					
Director's Name:	Social Security:				
Mailing Address:					
City:	State:	Zip Co	de:		
Telephone #:	Fax#:				
Email Address:					
Federal Tax ID Number:			_		
Funding company (ies) used:		% charged	I other fees?		
How many Insurance assignments do you process in an average month:					
How many calls did your home h	ave in the last 12 mont	hs:			
Type of Business					
Circle One Corporation	LLC Partn	nership	Sole Proprietor		
State Issued Funeral Establishme (Please fax a copy of the state issue			o: cristina@tff123.com)		
	Preferred Method of Pa	vment			
ACH Deposit: Funds are deposited day. Fee is \$ 30.00 for ACH Credit	l into your business acco	unt and will cle	ear on the next business		
Wire Deposit: Funds are deposited charge for Wire Service is \$35.00 W	· · · · · · · · · · · · · · · · · · ·	unt and will cle	ear the same day. The		
Mail a check: We will mail you a Ch	neck, \$40.00 Processing	Fee			



Authorization for Wire Transfers and ACH Activities

This is my authorization to automatically debit or credit my bank accounts.

I understand that this authorization will be in effect until I notify Trinity Funeral Funding in writing that I no longer desire this service, allowing it reasonable time to act on my modification.

	Account Information	
Payee Name:		
Payee Address:		
Name of Financial Institution: _		
Telephone Number of Institutio	n:	
Routing Number:		
Account Number:		
	Checking: Savings	
	<u>Signature</u>	
Authorized Signature (Primary)	<u> </u>	Date:
Authorized Signature (Joint): _		Date:

Copy of Voided Check is required for Account Set-up

Future payments can be deposited directly into your bank account; if interested, please fill out this form fax, email or mail it to:

Trinity Funeral Funding P.O. Box 31 Norwood, NJ 07648-0031