

## **An Insurance Assignment Company**

WEBSITE: www.dlfundingllc.com EMAIL: emmett@dlfundingllc.com

## 6580 VALLEY CENTER DRIVE, SUITE 172 PO BOX 411 RADFORD VA 24143

PHONE: 540-818-2277 FAX: 276-246-5550

## **NEW FUNERAL HOME/CEMETERY ACCOUNT**

Funeral Home Name:		
Owner's Name:	SS#	
Director's Name:		
Mailing Address:		
City <u>:</u>	State:	Zip:
Phone #:	Fax #:	
Email Address:	Federal Tax ID Number:	
Number of calls your funeral l	nome had in the last year	
	TYPE OF BUSINESS	<u>i</u>
	(Check One)	
Corporation	LLCPa	artnershipSole Proprietor
Funeral Home State Issued Lic	cense Number:	
(Please fax a copy of the state	license to 276-246-5550 or email	l to emmett@dlfundingllc.com)
	PREFERRED METHOD OF PA	<u>AYMENT</u>
CHECK: A check will be n	nailed to your business mailing addre	ess. No Processing Fee
WIRE TRANSFER: Funds	deposited into your business accoun	nt and clear on the same day. Wire fee \$30
ACH DEPOSIT: Funds dep	posited into your business account a	nd clear on the next business day. ACH fee \$30
A COPY OF A	VOIDED BANK CHECK MUST BE P	PROVIDED AT TIME OF SETUP
Account #	Routi	ing #
Bank Name and Address::		
Bank Phone #	PLEASE VERIFY WITH I	BANK CORRECT ROUTING # FOR ACH OR WIRE
Authorized Signature		Date: