



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

PAYMENT AUTHORIZATION

_____(Funeral Home Name) hereby authorize D&L Funding LLC to credit to my account at the Financial Institution specified below or to mail a check to the establishment address listed below. This authorization is to remain in effect unless D&L Funding LLC receives written notification to do otherwise. If funds are deposited in the specified Financial Institution listed below to which

_____(Funeral Home Name) is not entitled, whether by ACH, Wire or Check, said Financial Institution listed below is authorized and directed to return said funds to D&L Funding LLC, 6580 Valley Center Drive, Ste 172, PO Box 411, Radford VA 24143.

FUNERAL HOME INFORMATION: (Please print or type)

Name: _____

Mailing Address _____

Phone # _____

Fax # _____

Contact: _____

Email: _____

PLEASE CHECK METHOD OF PAYMENT PREFERRED:

_____**CHECK:** A check will be mailed to your business mailing address. No Processing fee.

_____**WIRE TRANSFER:** Funds deposited into your business account and clear on the same day. Wire Fee \$30.00

_____**ACH DEPOSIT:** Funds deposited into your business account and clear on the next business day. ACH Fee \$30.00

Account # _____

Routing # _____

Bank Name and Address: _____

Bank Phone # _____ **PLEASE VERIFY WITH BANK CORRECT ROUTING # FOR ACH OR WIRE**

Authorized Signature: _____ Date: _____