



Pre-Authorized Draft Agreement

Funeral Home Trust ID: _____

Funeral Home Name: _____

Purchaser Name: _____ Contract No: _____

Bank Name: _____

Routing Transit / ABA No.: _____

Account No.: _____

IMPORTANT: Please attach a void check to this form for checking account transactions. This will ensure correct accounting information. A deposit slip is not acceptable for checking accounts. A deposit slip is acceptable for a savings account.

TYPE OF ACCOUNT: Checking Savings

PLEASE INITIAL THE TRANSACTION DAY OF YOUR CHOICE—If the Transaction Day falls on a weekend or holiday, the Transaction Day will roll to the next business day:

_____ 4th day of each month _____ 19th day of each month

Note: If you bank with a Credit Union, you must verify with your institution the correct bank routing transit and account numbers for use with pre-authorized drafts on your account.

I, the undersigned, hereby authorize the West Virginia Funeral Trust to initiate a monthly charge on the account designated above in the amount of \$_____, with a final payment of \$_____ until the balance is paid in full. I understand I may pay off the remaining balance at any time without penalty. I also understand, should I wish to cancel this authorization, I must provide seven (7) days written notification of its termination by submitting a Cancellation Notice to the West Virginia Funeral Trust. I understand I may obtain a Cancellation Notice by contacting the funeral home named above. I understand if there are insufficient funds in my account, I will be charged a \$15.00 service charge per transaction by the West Virginia Funeral Trust. There may be additional insufficient funds charges imposed by your bank.

PURCHASER'S SIGNATURE

DATE

PAYMENT INFORMATION

Start Date _____ / _____ / _____ Starting Balance \$ _____

Monthly Payment \$ _____ Final Payment \$ _____