



Funeral Home Name: _____

Please complete this form and attach a voided check so we can setup electronic funds transfer for payment of your invoices.

I authorize the Missouri Insurance Guaranty Association to initiate electronic credit entries for payment of services and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ checking account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

DATE: _____

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ACCOUNT #: _____

FINANCIAL INSTITUTION ROUTING #: _____

FINANCIAL INSTITUTION CITY/STATE: _____

NAME(S) ON ABOVE ACCOUNT: _____

PAYMENT CONFIRMATION EMAIL ADDRESS: _____

(please print legibly)

CONTACT NUMBER: _____

SIGNATURE: _____

AUTHORIZED BY: _____

Name and Title