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Funeral Home Enrollment

☐ **New Account**

☐ **Change Account**

FUNERAL HOME INFO

FH Name: _____

Contact: _____ Position: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Call Volume: _____

BANKING INFO

Payment Preference: ☐ Direct Deposit ☐ Wire Transfer ☐ Check

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Routing Number: _____

Account Type: ☐ Checking ☐ Savings

I hereby authorize CLAIMCHECK, hereafter called the Company, to initiate the credit entries indicated above to the account specified. Such automatic deposits will be made following the processing of valid death claims for the funeral home indicated unless I terminate this agreement with thirty (30) days' written notice to the Company. If the Company erroneously deposits funds into my account, I authorize the Company to initiate the necessary debit entries, not to exceed the total of the original amount credited in error for each death claim.

*Please attach a voided check for account verification

X _____

Authorized account holder's signature

Date