

**Elite Funeral Funding Group, Inc.**

P. O. Box 25128  
Tamarac, FL 33351  
PH: 954-945-3114 ext 101

FX: 954-233-5024

**Bank Transfer Authorization**

Please provide the following information in order to set up bank transfers for your business.  
Please fax a voided check to 954-233-5024 or email to: **accounting@elitefuneralfunding.com**.

**Please be sure to sign and return this form with the voided check.**

' Required Fields

* Bank Name:	
' Bank Address:	
ABA Routing # :	
* Account Name (Not Payee Name):	
Account Holders Address:	
* Account Number:	
* Account Type: Checking/ Savings	

By my signature below I confirm that I am authorized to provide the information requested above.

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_