

Funeral Services of Iowa Iowa Prepaid Funeral Trust (IPFT)

Authorization Agreement For Automated Clearing House Transactions (ACH Debits)

ACH Authorization			
Individual / Name:		Preneed Contract #:	
Address:		Phone Number:	
City, State, ZIP:			

I (we) hereby authorize Funeral Services of Iowa | Iowa Prepaid Funeral Trust hereinafter called IPFT, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ☐ Checking ☐ Savings account (select one) indicated below and the financial institution named below, hereinafter called BANK, to debit and/or credit the same to such account.

Bank Information			
BANK NAME:		Branch (if applicable):	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

This authority is to remain in full force and effect until IPFT has received written notification from me of its termination in such time and in such manner as to afford IPFT and BANK a reasonable opportunity to act on it.

Name(s):

Please print _____ SSN: _____

Signature(s) _____

Date _____

I (we) wish for this transaction to take place starting on: _____ and to recur:

☐ 15th of each month, ☐ 30th of each month, OR ☐ immediately (in full) _____
(date)

CHECK ONE: I am not currently participating in the Automated Payment Program.

☐ ADD - Debit the account shown.

I am currently participating in the Automated Payment Program.

☐ CHANGE - Change financial institutions and/or account number or transaction timing

Funeral Home Information			
Funeral Home Name:		Funeral Home Tax ID #:	
Funeral Director Name:			
City, State, Zip:			

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM