



**Abbit Management Corp.
Direct Deposit of Preneed Account Proceeds
Enrollment Form**

Provider: _____

Address: _____

City, State, Zip Code: _____

I hereby authorize Abbit Management Corp. and Fiduciary Partners to directly deposit the proceeds from prepaid accounts which have been established by the above referenced Provider, and terminated due to death, into our bank account listed below. This authorization will remain in effect until written cancellation of authorization is submitted to Abbit Management Corp.

Financial Institution Name: _____

Address: _____

City, State, Zip Code: _____

Routing Number (First group of numbers printed at the bottom of check): _____

Account Number (Second group of numbers at the bottom of check): _____

Signature: _____ Date: _____

NOTE: This authorization must be accompanied by a photocopy or voided check from this account.

I hereby revoke my authorization for deposit of prepaid proceeds.

Signature: _____ Date: _____