Funeral Home Automated Clearing House Deposit Agreement

I (we) represent that I (we) have purchased a prepaid funeral home services contract from the funeral home indicated below. As such, I (we) am (are) hereby authorizing my (our) financial institution indicated below to send the funds needed to pay for this prepaid service directly to Abbit Master Trust c/o Fiduciary Partners. Fiduciary Partners will deposit these funds into an escrow account as directed by Abbit.

The financial institution I (we) have listed below is authorized to debit the amount of my (our) payments, **on the 15th of each month**, from my (our) account with the financial institution. Once instructions are acted upon by Abbit/Fiduciary Partners (Fid Partners), I (we) understand that alterations or revocations by the financial institution cannot be initiated by me (us). This authorization shall continue until terminated by written notification to Abbit/ Fiduciary Partners through the aforementioned funeral home services provider. I (we) understand that this service is governed by the rules of the Automated Clearing Houses (ACH) as amended from time to time and is established solely for the convenience of the funeral home services provider. Additionally, certain state or federal statutes may govern this transaction. I (we) also understand that this service may be terminated or modified by Abbit/Fiduciary Partners at any time with notice to the funeral home services provider.

YOUR PERSONAL FINANCIAL ACCOUNT INFORMATION

Funeral Home:

Financial Institution:

ABA Routing #:

Account #:

Account Name:

Amount Withdrawn:

I (we) understand the funds will be deposited to escrow for the funeral home services provider to fulfill my (our) obligations under the prepaid funeral home contract entered into by me (us).

In consideration of your complying with the above request, I (we) agree to hold harmless Abbit/Fiduciary Partners and its agents and representatives from any loss, cost, damages or expenses including legal fees, incident thereto.

Signature of Account Owner Date	Signature of Joint Party Date
Name of Account Owner (Please Print)	Name of Joint Party (Please Print)

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