

**UMB Bank, NA As Trustee for
Caremor Cemetery Trust
Authorization Agreement For
Automated Clearing House
Transactions**

Cemetery Information:

Cemetery Name:		Cemetery TAX ID #
Address:		
City, State, ZIP:		
Phone Number:		

I (we) herby authorize UMB Bank, NA as Trustee for the Caremor Cemetery Trust; to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit 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 UMB Bank, NA as Trustee for Caremor Cemetery Trust, as received written notification from me of its termination.

Name(s):

Please print _____

Signature(s) _____

Date _____

CHECK ONE: I am not currently participating in 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.

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM