

# American Funeral & Cemetery Trust Services



## Application for Trust-O-Matic

Date \_\_\_\_\_

AFCTS Firm Account # \_\_\_\_\_

**Please begin Trust-O-Matic service for:**

Contract # \_\_\_\_\_ Contract Date \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ SS# \_\_\_\_\_

Purchaser Name \_\_\_\_\_ SS# \_\_\_\_\_

Total Contract Amount \$ \_\_\_\_\_ Paid to Date \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Number of Monthly Withdrawals \_\_\_\_\_ Monthly Withdrawal Amount \$ \_\_\_\_\_

First Due Date \_\_\_\_\_ Withdrawals should be made on the 10th or 20th of the month.  
Month/Year circle one

(if no selection is made, withdrawals will be made on the 10th)

*(Please note: There is a processing fee of \$1.00 per month per account for Trust-O-Matic services.)*

Bank/Depository Name \_\_\_\_\_

Account # \_\_\_\_\_ ABA # \_\_\_\_\_

**Please attach a voided check or electronic banking form.  
Your application cannot be processed without it.**

I hereby authorize American Funeral & Cemetery Trust Services to make withdrawals from my checking or savings account for my prearranged trust contract as set forth above. Withdrawal authority is to remain in effect until AFCTS has received written notification from me to cancel the withdrawal or until the prearranged trust contract is paid in full.

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Beneficiary/Purchaser Name

\_\_\_\_\_  
Firm Representative Name

\_\_\_\_\_  
Beneficiary/Purchaser Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Firm Representative Signature

\_\_\_\_\_  
Date

Please return this form in a business reply envelope or fax to:  
1-800-769-9063

Questions: please call 1-800-769-9363