

F U N E R A L **F** U N D I N G
OF MICHIGAN

CUSTOMER INFORMATION

Please provide the following information so we can create your account. We will not disclose this information to any entity not affiliated with Funeral Funding of Michigan – this is simply to ensure we have accurate information for maintaining communication with our customers.

Please Type or Print Clearly

Funeral Home: _____ Owner: _____

Address (No PO Box): _____ City: _____ ST: _____ Zip: _____

Primary Contact: _____ Phone: (____) ____ - _____ Email: _____

Alternate Contact: _____ Phone: (____) ____ - _____ Email: _____

Funeral Home Fax: (____) ____ - _____

Preferred Method of Payment: Check ACH
(Please call us if you wish to create or modify an ACH account)

Would you prefer a fax or a phone call from us for document or information requests? Phone Call Fax

Comments:

Please fax completed form to (248) 357-5236