

AMERIFUND CAPITAL GROUP, LLC

ACCOUNTS RECEIVABLE AND BUSINESS FINANCING

Date:

Contact Name:

Company Name:

Re: BANK WIRE INSTRUCTIONS

In order to facilitate the funding portion of the factoring process, please provide the following information requested below. Please note that the Wire Transfer Instructions requested are for an Operating Account, not a payroll tax deposit account.

PLEASE PRINT OR TYPE ALL INFORMATION ON THIS FORM!

Bank Name: _____

Street Address: _____

City, State zip code: _____

Telephone No: (_____) _____ - _____

Facsimile No: (_____) _____ - _____

Contact Name: _____

Contact Title: _____

ABA Number: _____

Account Number: _____

Beneficiary's Name: _____

Indicate the County in which you are doing business: _____

Thank You!

ACGwtinf.wpa