



**DIRECT PAYMENT REGISTRATION FORM**

Please fax completed form, a copy of a voided check and any attachments to 952-886-7696 or 888-523-2638

AGENCY NAME: \_\_\_\_\_

ARC: \_\_\_\_\_

NOTE: If a central accounting office is responsible for multiple ARCs, please attach a list of ARCs you want placed within your profile.

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

ACCOUNTING CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL CONTACT (optional): \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

BRANCH ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ROUTING (ABA) NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NOTE: If your agency would like to keep more than one account on file, please attach all bank information. With multiple accounts, you may not select the option allowing online payment with no follow-up fax; the fax must indicate which account you desire to be used for the transaction.

**Choose one of the following options if you would like to guarantee:**

I authorize all our agents to guarantee bookings ONLINE by Direct Payment WITHOUT follow-up faxes or e-mails from our agency to confirm payment. Their secured log-in and password identifies them.

or

I authorize our agents to guarantee bookings by Direct Payment via fax/email or phone. Your proof of payment will appear on your bank statement.

NOTE: If you have restrictions in place (form must be signed by....., copy of check will be faxed, payment allowed if sent from certain e-mail addresses, etc.), please attach details.

ALERT! It is highly advised that you keep AFC Net informed of any change of status (termination, etc) of agents who sign in using your ARC. In doing so, you will allow us to restrict them from signing in and operating under your ARC.

This form must be signed by an owner or authorized manager:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_