



3058 E. ELM ST.
SPRINGFIELD, MO 65802
LOCAL: (417) 886-6600
TOLL FREE: (800) 832-5530
WWW.FFGRP.NET

FUNDING INFORMATION SHEET
(Include with each deal submitted)

DATE: _____

DEALER NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

PLEASE DESIGNATE A PAYMENT OPTION BELOW:
(If no box is checked, we will mail via the U.S. Postal Service)

PLEASE SEND MY PAYMENT:

- BY REGULAR MAIL
- WIRE TO BANK ACCOUNT (Please complete instructions below)

DEALER BANKING INFORMATION – Only needed for Wire Payments

BANK NAME: _____

BANK ADDRESS: _____

BANK CITY, STATE, ZIP: _____

BANK PHONE NUMBER: _____

BANK ROUTING NUMBER (9 DIGITS): _____

BANK ACCOUNT NAME: _____

BANK ACCOUNT NUMBER: _____

WIRE AMOUNT: _____

I hereby authorize _____ to wire the above stated funds into the above stated bank account.

DEALER SIGNATURE: _____

TITLE: _____