

CENTRAV

DIRECT PAYMENT REGISTRATION FORM

Please fax completed form, a copy of a voided check and any attachments to 800-255-6138

If you have any questions about the Direct Payment program, please call 800-266-6610.

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 verbally (by phone) guarantee bookings by Direct Payment. Payment will be confirmed by a follow-up fax or e-mail from our agency within 24 hours of the verbal guarantee. This option is currently allowed for all agencies in the DP Program.

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 Centrav 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: _____