



Authorization Form

I hereby give my consent to have Affinity Bank, and its assigns, to obtain any and all information regarding my employment, checking and savings accounts, credit obligations, rental information, and all other credit matters which they may require for the purpose of determining my/our credit worthiness for consideration for credit. This consent is effective for a period of six months from the date of this consent. This form may be reproduced or photocopied and such copies shall be as effective as the original consent, which I/we have signed.

Applicant's Name (first, middle, last): \_\_\_\_\_

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Previous Address, if less than 2 years: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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Co-Applicant's Name (first, middle, last): \_\_\_\_\_

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Previous Address, if less than 2 years: \_\_\_\_\_  
\_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_