



TRANSFER AUTHORIZATION FORM

Send completed form to:

PO Box 583 Monroe, GA 30655 | Fax Number: 770-234-5905 | dealersselect@myaffinitybank.com

I authorize Affinity Bank Dealer Select to make the following transfer of funds. This authorization agreement is to remain in full force and effect until Affinity Bank Dealer Select has received written notice from me of termination in such time to afford an opportunity to act on it.

Please attach a voided check to ensure information is accurate.

Transfer of Funds	Amount to be transferred:	\$ _____
	Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
	Effective Date:	_____

Withdrawal Information	Bank Name:	_____
	Routing Number:	_____
	Account Number:	_____
	Account Name:	_____
	Account Type:	_____

Loan Information	Account Number:	_____
	Account Name:	_____
	Account Type:	_____

Customer Signature: _____ **Date:** _____

Customer Signature: _____ **Date:** _____

Comments: _____

Internal Use:

Request Received By:	Date:
Completed By:	Date: