



TRANSFER AUTHORIZATION FORM

Send completed form to:

PO Box 583 Monroe, GA 30655 | Fax Number: 770-234-5905

email: dsfilemaintenance@myaffinitybank.com

I authorize Affinity Bank Dealer Select to make the following transfer of funds. This authorization agreement is to remain in full force until Affinity Bank Dealer Select receives written notice of termination.

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 _____
Payment Due Date:	_____

Withdrawal Information

Bank Name:	_____
Routing Number:	_____
Account Number:	_____
Account Name:	_____
Checking or Savings:	_____

Loan Information

Account Number:	_____
Account Name:	_____

Customer Signature: _____ **Date:** _____

Customer Signature: _____ **Date:** _____

Comments: _____

Internal Use:

Request Received By:	Date:
Completed By:	Date: