



## TRANSFER AUTHORIZATION FORM

Send completed form to:

Affinity Bank P.O. Box 1037 Covington, GA 30015

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.

Email completed form completed to: apitts@myaffinitybank.com & shannonatha@newtonfederal.com

### Transfer of Funds

|                                  |   |
|----------------------------------|---|
| <b>Amount to be transferred:</b> | \$  |
| <b>Frequency:</b>                | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ |
| <b>Payment Due Date:</b>         |   |

### Withdrawal Information

|                         |  |
|-------------------------|--|
| <b>Account Name:</b>    |  |
| <b>Card Type:</b>       |  |
| <b>Card Number:</b>     |  |
| <b>Card Expiration:</b> |  |
| <b>CVV:</b>             |  |

### Loan Information

|                        |  |
|------------------------|--|
| <b>Account Number:</b> |  |
| <b>Account Name:</b>   |  |

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

### Internal Use:

|                             |              |
|-----------------------------|--------------|
| <b>Request Received By:</b> | <b>Date:</b> |
| <b>Completed By:</b>        | <b>Date:</b> |