



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. Valid for Visa, MasterCard, and Discover.

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

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

Account Name:	_____
Card Type:	_____
Card Number:	_____
Card Expiration:	_____
CVV:	_____

Loan Information

Account Number:	_____
Account Name:	_____

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

Comments: _____

Internal Use:

Request Received By:	Date:
Completed By:	Date: