



TRANSFER AUTHORIZATION FORM

Send completed form to:

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

Email completed form to:

ahall@myaffinitybank.com & shannonatha@newtonfederal.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: