

Payment Authorization Form

The undersigned applicant hereby certifies that the above information is true and correct to the best of the applicant's knowledge. The undersigned authorizes Affinity Partnerships, LLC and its authorized agents, as necessary, to verify information provided by the applicant.

Lender hereby understands that Lender is fully responsible for the activity of all the sales personnel and that ethical and proper selling practices will be followed, and that immediate attention will be given to all complaints. Lender hereby certifies that the information contained in the application and/or provide for review are true, and Lender understands this application shall remain the property of the Affinity Partnerships to which this application is submitted. Lender furthermore agrees and understands there is an initial \$5,000 one-time application fee which is due prior to a Lender Site Review and \$35,000 one-time Setup and Launch fee which is due prior to a selected preferred lender going live. Each required Fee is non-refundable. Lender hereby agrees that it shall make no claim or institute any legal proceedings for recovery of any of the Lender Application and Setup fee and shall indemnify Affinity Partnerships for any costs and expenses and will reimburse Affinity Partnerships for any costs and expenses which may incur as a result of any such claims or legal proceedings.

Authorized Signature of Officer: _____

Title:

Name:

Date:

ELECTRONIC FUND TRANSFER AUTHORIZATION

I, as the undersigned authorized representative of the Lender, authorize Affinity Partnerships to transfer all agreed upon fees beginning the Effective Date of this Agreement, which services include setup, implementation, participation dues/fees, leads or any other approved services which the Participant may elect to utilize per this Agreement and directly applicable transaction charges.

Signature: _____ Date: Click here to enter text.
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***Your signature indicates your Agreement with the following terms:** You affirm that you are an authorized signatory on the following noted account, and you authorize Affinity Partnerships to transfer funds for payments due to Affinity Partnerships in accordance with this Agreement and your participation in the Affinity Partnerships, Costco, Refinance.com, APWU or other selected program. This authorization will remain in effect for the term of the Agreement and for 10 days after Affinity Partnerships receives written notice from you revoking your authorization. You understand that revoking authorization may be grounds for suspension of your account unless an acceptable alternative method of payment is established with Affinity Partnerships. You also agree not to initiate a chargeback with issuer unless you have exhausted all attempts to resolve any disputes directly with Affinity Partnerships. You further understand that initiating a chargeback does not extinguish your obligation to pay for services rendered by Affinity Partnerships.

Please fill in the following information.
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Bank Name:

Account Name:

Authorizer's Name:

Bank Address:

City:

State:

Zip:

Account Number:

Routing Number:
