

Authorization for Automatic Debit Arrangement

TO: AFFINITY Capital Corp.

I would like to enroll my bank deposit account in the Automatic Debit Arrangement (ADA) to invest for the following Mutual Fund account number/s:

Investment Account Number	Amount to be Debited
	✓

The following are the details of my deposit account:

✓ Bank Account No.	✓ Preferred Debiting Day	
✓ Bank/Branch	Branch	
✓ Account Owners Name Appearing on bank documents		
Given Name	Surname	Suffix

By signing this form, I understand that:

1. I, as Deposit Account Owner, authorize Affinity Capital Corp. and my bank to debit or cause the debiting from my enrolled deposit account, the amount for payment of initial and/or subsequent Subscription, if any, due to Affinity Capital Corp. for the enrolled account number/s.
2. For Joint Deposit Accounts, I hereby understand, agree and represent that all transactions to be made by the undersigned in connection with ADA are done with full knowledge and consent of my co depositor(s).
3. In the event that, on debit date, Affinity Capital Corp. was not successful in debiting my enrolled bank deposit account, Affinity Capital Corp. may initiate succeeding debit charges against the same bank deposit account, as it deems necessary and at its sole discretion.
4. I shall inform both Affinity Capital Corp. and my bank of my request for changes/discontinuance of this arrangement. The change/discontinuance of my enrollment with the ADA shall take effect upon Affinity Capital Corp's receipt of the notice of change or discontinuance.
5. My request for any change and/or discontinuance of this arrangement shall not prejudice any transaction, pursuant to this arrangement, prior to Affinity Capital Corp's confirmation of receipt of my written request for change and/or notice of discontinuance of enrollment.
6. Affinity Capital Corp. has the absolute authority to decline any application for enrollment or cancel any enrollment in ADA. In such events, I, the Depositor Account Owner, will hold Affinity Capital Corp. free from any and all damages, liabilities, suits or causes of action, which I might directly or indirectly suffer, by reason of such decline or cancellation.
7. The Transaction Acknowledgment Receipt from Affinity Capital Corp., which reflects the total amount debited due for the enrolled account/s shall serve as proof of payment.

✓

 Printed Name & Signature of Account Owner

 Date