



Please complete all fields and signatures from page 2 - 7 and return them to our Support Center By Mail, Toll Free Fax Or Email.

- Required Copies:**
- 1. Completed and signed agreements**
 - 2. Drivers License (State ID, Military ID or passport)**
 - 3. Social Security Card (W2, Pay Stub w/ Social Security)**
 - 4. Two (2) Proofs of Residence (Utility, Cable Bill etc...)**

IMPORTANT:

Please enlarge copies of your photo ID and social security information and lighten up the toner on your copying machine to improve visibility. If information is not legible each credit reporting agency may not accept our disputes.

If you have any questions regarding these documents please contact us immediately.

Thank you for choosing World Faith Assurance Foundation, Inc. We look forward to helping you achieve your goals!

Thank you,

World Faith Assurance Foundation, Inc. [™]
support@worldfaithassurance.org www.worldfaithassurance.org



Registration Agreement

WFAF Premier Support Circle

Thank you for choosing to support the commitment WFAF has to providing the community with Financial and Credit Education. Your Premier Supporter automatic contributions will allow WFAF to continue to provide quality programs and counseling to groups and individuals.

Primary First Name: _____ Last Name: _____

Spouse First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____ Spouse: _____

Your email will only be used for WFAF communications and never shared with any third parties without your consent

Primary Username: _____ Password _____

Spouse Username: _____ Password _____

.....
Please complete the 2 sections below

1. Choose Your Option (initial below)

Single

_____ Monthly: \$175 initial donation and \$35 monthly installment

_____ 6 Months: \$350 initial donation and \$210 6th month automatic renewal

Couple

_____ Monthly: \$300 initial donation and \$70 monthly installment

_____ 6 Months: \$650 initial donation and \$420 6 month automatic renewal

2. Choose your payment method: Master Card Visa

Card Number: _____ Expiration Date: ____/____/____ CVV Code _____

Name As Appears On Card: _____

Billing Address for Card: _____ Same as above

City _____ State _____ Zip _____

I acknowledge that I am the authorized user of this card. I authorize the automatic charge payments in the amount indicated, according to the terms of agreement below.

Signature: _____ Date: ____/____/____

Terms of Agreement: Donor agrees to the authorization for all Card transactions. Donor acknowledges and agrees that authorization for a Card transaction (i) indicates the availability of credit at the time of the authorization, (ii) warrants that the person presenting the Card is the rightful cardholder, and (iii) that the Initial and reoccurring donations are a guaranty by your Bank that any Card transaction will not be subject to Chargeback. This agreement authorizes World Faith Assurance Foundation to transfer funds as a donation from a donor's personal bank account or credit card on a monthly basis. Transfers will occur once a month. If the card declines the donor will allow us to recharge card until charges of donations are rendered for the previous month or months. This agreement will remain in effect until written notification from the donor is received. Written notification must be received a minimum of 3 business days prior to the next donation date. World Faith Assurance Foundation reserves the right to remove the donor from the "Credit Card Auto Draft" and/or "Electronic Fund Transfer" plan based on declined transactions. In the event the agreement is canceled by notification or declined charge, all benefits of the WFAF Premier Supporter Circle provided by World Faith Assurance Foundation will end immediately. A record of each monthly donation will be included in the donor's credit card statement and will act as receipt. An annual summary of donations will be sent at tax time.



Credit Repair Assistance Request Form

I _____ on this day ___/___/_____, request the assistance of World Faith Assurance Foundation with rebuilding my credit status. I understand the efforts WFAF are made in partnership with me. In an effort to produce desired results, I am responsible for working with WFAF in a timely manner as outlined to follow in this agreement and allow a minimum of 180 days to see results of these efforts.

Initial the following acknowledgements:

- _____ I acknowledge this is a service provided as a benefit for my membership in the WFAF Premier Support Circle. If at any time I end my membership, this service will end and any work on my behalf will cease.
- _____ I understand WFAF will use federal laws in an attempt to correct errors and / or misleading information found on my credit reports when it is appropriate. This does not involve contesting facts.
- _____ I understand WFAF is not a law firm and does not practice law in any state. The services provided by WFAF do not include legal services.
- _____ I understand and agree that WFAF cannot guarantee a "specific result," removal of "specific items" or "specific credit rating/score increase." The credit agencies are the only entities that can remove such items from my credit report and change my credit score.
- _____ I agree to refrain from negotiating directly with creditors and credit reporting agencies during the agreement period.
- _____ I understand that if a creditor or collection agency verifies an account to be accurate and complete, it may be necessary to settle with that firm.
- _____ I authorize World Faith Assurance Foundation, Inc to notify each credit reporting agency to place an initial fraud alert in my credit files for no fewer than 90 days and Opt-Out from receiving Firm Offers for Five Years.
- _____ I agree to indemnify and hold WFAF, their consultants, officers, agents and employees, harmless from all claims, losses, expenses, fees including attorney fees, cost, judgments that may be asserted against me that result from the acts of omissions.

Client Obligation:

- _____ It is my responsibility to provide WFAF with my current contact information, identification documents including a copy of a valid state issued identification card, social security verification and address verification in order to begin this process.
- _____ It is my responsibility to attend an initial consultation with a WFAF credit counselor to review my initial credit report, provide WFAF with valid information regarding my credit profile and any documents or information that will aid in the credit repair process. I understand the efforts WFAF will take are based on the information I provide.
- _____ It is my responsibility to schedule and attend consultations with a WFAF credit counselor to review my current credit status and receive guidance for actions I can take to curtail the improvement of my credit status, 90 days after beginning the credit repair process and every 6 months that I remain in the program.
- _____ It is my responsibility to submit all updates, responses and credit reports received from the credit reporting agencies, collectors, debtors or associated parties within 30 days of their receipt during this process to WFAF via fax, email or mail. If I have not received a report from any one of the three credit bureaus after 45 days, I am required to make this known to WFAF and WFAF will inform me as to what action to take. Failure on my part to do so will delay my progress and WFAF is not responsible for the any negative affects or delays this may cause.
- _____ It is my responsibility to attend Financial and Credit Education courses provided by WFAF, a minimum of one within a 6 month period and 3 within a 12 month period through out the credit repair process.
- _____ WFAF will send notifications and reminders to me via email. It is my responsibility to read all emails and take the actions prescribed in the email to further my success in the process.
- _____ It is my responsibility to immediately notify WFAF to any changes in my address, email address and phone numbers to ensure WFAF has the ability to contact me in a timely fashion. WFAF is not responsible for any negative affects or delays resulting from my failure to do so.

Client Name (Print): _____

Client Signature: _____ Date: ___/___/_____

WFAF Consultant Signature: _____ Date: ___/___/_____



CREDIT BUREAUS WILL NOT ACCEPT DISPUTES WITHOUT
THE FOLLOWING ITEMS:

- Social Security Verification (as required by the credit reporting agencies)
 - a) Listed below are the acceptable forms of verification. Include ONE of the following:
 - i) Copy of your Social Security Card
 - ii) Copy of your pay stub displaying social security number
 - iii) Copy of your W2
 - iv) Copy of Health Insurance Card that contains your social security number
- Current Picture ID (as required by the credit reporting agencies)
 - a) Listed below are the acceptable forms of verification. Include ONE of the following:
 - i) Copy of your driver's license
 - ii) Copy of your State ID
 - iii) Copy of Passport
- Address Verification (only required if Picture ID has a different address than what appears on the application)
 - a) Copy of two (2) utility bills with your name and current address.
 - b) Copy of your pay stub displaying current address
- Credit Reports
 - a) Trans Union
 - b) Equifax
 - c) Experian
- Customer Documents:
 - a) Signed Agreement and Request for Assistance Form
 - b) Signed Limited Power of Attorney
 - c) Copy of Consumer Credit File Rights under State and Federal Law.
 - d) Copy of the Notice of Cancellation (**Customer does NOT sign this unless they want to cancel within three days.**)

I have received a copy of and was given the opportunity to read all of the above-mentioned documents before I signed them today.

Client Signature: _____ Date: ____/____/____

Client Name (Print): _____



LIMITED POWER OF ATTORNEY

I, _____ residing at
(Client Full Legal Name Print)

(Street Address)

(City, State, Zip)

hereby appoint World Faith Assurance Foundation, Inc, its Consultants, Officers, Agents, Employees, and Attorneys as my true and lawful attorney-in-fact, with full power of substitution, to act on behalf in the following capacity:

I hereby give World Faith Assurance Foundation, Inc, its Consultants, Officers, Agents, Employees, and Attorneys the authority to prepare, sign, file documents, communicate, make decisions on my behalf and negotiate with any credit reporting agency, record holders or creditors by mail, fax or internet. This includes the signing of my name for which this power of attorney is given. The signing of my name on my documents is as if I would have signed my name personally.

I hereby revoke any and all prior authorizations previously issued by me. This Release and Authorization shall remain in effect until I cause to be delivered to you a written cancellation of such Release and Authorization. A photocopy of this Release shall be accepted as an original.

I declare by this instrument that any act or thing lawfully done under it by attorney-in-fact shall bind myself and my heirs, legal and personal representatives, and assigns. This authorization shall not terminate on my disability. This power of attorney may be filed for record in any appropriate public office.

I hereby ratify and confirm that my attorney-in-fact or any successor shall woefully due or cause to be done by virtue of this limited power of attorney in the right and powers granted herein and shall not be liable for any loss that results from a judgment error that was made in good faith.

I hereby bind myself to World Faith Assurance Foundation, Inc, its Consultants, Officers, Agents, Employees, and Attorneys and any successor who shall act against any and all claims, demand, losses, damages, action, and causes of action, including expenses, costs, and responsible attorney’s fees which my attorney-in-fact at any time may sustain or incur in connection with this carrying out the authority granted him in this Limited Power of Attorney.

I hereby give World Faith Assurance Foundation, Inc, its Consultants, Officers, Agents, Employees, and Attorneys the authority to investigate and obtain any information or records necessary, related to my credit.

I authorize World Faith Assurance Foundation, Inc, any of its consultants, officers, agents, employees or mortgage company affiliates to obtain my personal credit report for credit review purposes.

This “Limited Power of Attorney” is given to World Faith Assurance Foundation, Inc in compliance with Section 611 of the Federal Fair Credit Reporting Act.

Social Security Number: _____ Date of Birth: ____/____/____

Client Signature: _____ Date: ____/____/____



STATUTORY CONSUMER CREDIT RIGHTS NOTICE

You, the consumer, have a right to dispute inaccurate information in your credit report by contacting each bureau directly. However, neither you nor any “credit repair” company or credit restoration organization has the right to have accurate, current, and verifiable information removed from your credit report. The credit bureau must remove accurate, negative information from your report if it is over 7 years old. Bankruptcy information can be reported to 10 years. You have a right to obtain a copy of your credit report from each credit bureau. You may be charged a reasonable fee, by that bureau. There is no fee, however, if you have been turned down within the preceding 60 days for credit, employment, insurance, or a rental dwelling, because of information in your credit report. The credit bureau must provide someone to help you interpret the information in your file. You are entitled to receive a free copy of your credit report (A) if you are unemployed and intend to apply for employment in the next 60 days, (B) if you are a recipient of public welfare assistance, or (C) if you have reason to believe that there is inaccurate information in your credit report due to fraud. Credit bureaus are required to follow reasonable procedures to ensure that the information they report is accurate. However, mistakes may occur. You may, on your own, notify a credit bureau in writing that you dispute the accuracy of information in your credit file. The credit bureau must then reinvestigate and modify or remove inaccurate or incomplete information. The credit bureau may not charge any fee for this service. Any pertinent information and copies of all documents you have concerning an error should be given to the credit bureau. If the credit bureau’s reinvestigation does not resolve the dispute to your satisfaction, you may send a brief statement to the credit bureau, to be kept in your file, explaining why you think the record is inaccurate. The credit bureau must include a summary of your statement about disputed information with any report it issues about you. You have a right to sue a credit restoration organization that violates the Credit Repair Organization Act. This law prohibits deceptive practices by credit repair organizations. You have the right to cancel your contract with any credit repair organization for any reason within 3 business days from the date you signed it. The Federal Trade Commission regulates credit bureaus and credit repair organizations. For more information contact: The Public Reference Branch Federal Trade Commission Washington, D.C. 20580.

World Faith Assurance Foundation, Inc. is a 501(c)3 non-profit organization that is not funded by minimal client fees, grants and other voluntary contributions from creditors.

Client Signature: _____ Date: ____/____/____
4600 Touchton Rd., Bldg. 100, Suite 150 Jacksonville, FL 32246 Phone: 866-830-9163 Fax: 866-202-3473



STATUTORY NOTICE OF CANCELLATION
(Title 15 U.S. Code, Sec. 1679e)

DO NOT SIGN UNLESS YOU ARE REQUESTING TO CANCEL

You may cancel this Credit Repair Services Agreement and Support Circle Membership, without penalty or obligation, at any time before midnight of the Third (3rd) day which begins after the date on which the Agreements between you, the Consumer, and World Faith Assurance Foundation is executed or signed by you. If you cancel, any payment made by you under this contract will be returned within fifteen (15) business days after the date of written receipt of this notice. To cancel the Contract, fax or email a signed, dated copy of this Cancellation Notice, or other similar written notice, to the Credit Restoration Service Organization, World Faith Assurance Foundation, Inc by Mail, Fax or by Email.

I hereby cancel this transaction, as of this _____ day of _____, 20_____.

Client Name (Print): _____

Client Signature: _____