



**Please complete all fields from pages 2 - 6 and email
or fax it to our Support Center.**

contract@worldfaithassurance.org

866-202-3473

- Required Copies:**
- 1) Drivers License (State ID, Military ID or Passport)**
 - 2) Social Security Card (W2, Pay Stub w/ Social Security)**
 - 3) 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 it will be very difficult for our counselors to read.

Please contact us if you have any questions. 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. TM
support@worldfaithassurance.org
www.worldfaithassurance.org**



CLIENT INFORMATION

Please fill out the section below. The following information will be used to assist our credit counselors in creating your profile.

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: ____/____/____

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

PERMANENT ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX NUMBER: _____

EMAIL: _____

REFERRED BY: _____

Authorization To Obtain Credit Report For Customer

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 counseling purposes.

CLIENT SIGNATURE: _____ DATE: ____/____/____



SERVICE AGREEMENT

This Agreement is made and effective ____/____/____ ("Date") by and between World Faith Assurance Foundation, Inc (WFAF, Inc.) and _____("Client").

1) SCOPE OF DUTIES:

Client retains WFAF, Inc to provide confidential financial guidance, credit counseling services, educational resources, and debt management assistance.

2) MEMBERSHIP:

The client shall receive a "free membership" under this agreement and may request additional program services for a program setup fee of \$175.00 and \$35.00 per month maintenance fee (Debt Management Program). As a non-profit agency these fees are used to help defray the costs of administering the debt management program and to provide quality customer service to our clients. Client agrees to all terms and condition set forth for participation in "free membership". After the Statutory Notice of three (3) day Cancellation period has expired, the selected fee is non-refundable and "earned" when paid. It reflects also the time limitations imposed by the circumstances of the hiring and it takes into account the experience, reputation ability of the non-profit agency, the consultants performing the services, and other matters that could not be handled by the agency. All questions pertaining to validity, interpretation and administration of this contract shall be determined in accordance with the laws of Florida.

3) CLIENT'S OBLIGATION:

Client agrees to accept "free membership" with the understanding that the "free membership" entitles you to general credit counseling consultations and education, but does not include extensive creditor negotiations, disputes, debt management plan and/or issues that go outside the scope of the "free membership" program service. Client agrees to participate in one free educational webinar or free community financial workshop as a provision of his/her free membership. Client further understands the WFAF, Inc may charge a discounted fee for services outside the scope of the "free membership" as outlined in paragraph (2). Client shall respond to any telephonic or written inquiries, which might be directed to Client by WFAF, Inc. WFAF, Inc may suspend all work on Client's matter until the documents are received. Client shall not apply for any new lines of credit or have any inquiries on credit report. Client shall not incur any new debts or have any new collection accounts reported. Client shall pay all current debts in a timely manner (NOTHING PAST 30 DAYS). Client shall not be entitled to a return of any fees paid to WFAF, Inc under this agreement if the Client has not fully complied with this provision. Client understands that their cooperation is essential in order for WFAF, Inc to provide complete credit counseling and educational services.

4) GUARANTEE:

WFAF, Inc guarantees that all services will be performed in a professional and timely manner as set forth in this agreement to achieve acceptable results on the Client's behalf. WFAF, Inc comments about the possible and/or potential outcome of Client's matter are based upon experience and prior success in these matters. Client's active participation in providing WFAF, Inc all requested documents, forms, and information including financial profiles, as set forth in this agreement are essential for the accomplishment of accurate delivery of services.

5) STATUTORY NOTICE OF CANCELLATION:

BEFORE MIDNIGHT OF THE THIRD (3RD) DAY AFTER THE DATE OF THE TRANSACTION YOU THE BUYER, MAY CANCEL THIS CONTRACT AT ANY TIME, SEE THE ATTACHED CANCELLATION NOTIFICATION FORM FOR AN EXPLANATION OF THIS RIGHT.

Client Name (Print): _____

Client Signature: _____

WFAF Consultant Signature: _____



ADDITIONAL SERVICES' PAYMENT AGREEMENT

Set-up Fee: \$175.00 plus \$35.00 month maintenance fee

Initial the following for acknowledgement:

 I understand that election of this fee agreement is in addition to the free services provided under my "free Membership"

 I understand that all work on my behalf may cease until unpaid amounts due have been paid in full.

 I understand and agree that World Faith Assurance Foundation, Inc cannot guarantee a "specific result" to these services. To produce the desired results, I expect to give World Faith Assurance Foundation, Inc the appropriate time not less than 180 days to complete services.

 I agree to refrain from negotiating directly with creditors and credit reporting agencies during the agreement period.

 I am responsible for obtaining and paying for my Credit Reports, for forwarding (within 7 days) to World Faith Assurance Foundation, Inc and all ongoing reports as received. I must inform World Faith Assurance Foundation, Inc in writing by fax or email of any change in address or contact information. My case will be closed if I do not return all correspondence and Credit Reports within 60 days of receipt of them. 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 World Faith Assurance Foundation, Inc. World Faith Assurance Foundation, Inc will inform me as to what action to take.

 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 understand and agree that World Faith Assurance Foundation, Inc cannot guarantee a "specific result" or "specific items" or "specific credit rating/score increase." The credit agencies are the only entities that can remove such items from your credit report.

 I agree to indemnify and hold World Faith Assurance Foundation, Inc, their consultants, officers, agents and employees, harmless from all claims, losses, expenses, fees including attorney fees, costs, judgments that may be asserted against me that result from the acts of omissions.

No verbal communication will supersede this agreement. I have read and understand the provisions therein.

Client Signature: _____ Date: ____/____/____



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.

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 only 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: ____/____/____



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 Services Contract, without penalty or obligation, at any time **before midnight of the Third (3rd) day** which begins after the date on which the Credit Services Contract between you, the Consumer, and the credit restoration service organization 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: _____