



43 Maple Ave #217 Shrewsbury, MA 01545  
Ph. 508-233-8373 fax 888-877-2603 email: Friendsmoneymanager@gmail.com

## Enrollment Checklist

Once completed the fully signed and notarized original forms need to be mailed to Friends Money Manager. Please keep a copy for your records, or also fax or email us a copy. We cannot enroll a client or open a bank account without the originally signed and notarized forms.

\*All forms should be printed single sided.

\_\_\_\_\_ Complete an Enrollment Form, online or paper. *The Enrollment Form does not need to be signed or notarized.*

\_\_\_\_\_ Enrollment Verification Form - *signed in two places and notarized*

\_\_\_\_\_ Power of Attorney - *signed and notarized*

\_\_\_\_\_ ID - a CLEAR copy of a current (not expired) Driver’s license, MA. ID or U.S. Passport. *(We can accept an emailed or texted smartphone photo of the person’s ID. A photo is often better for clarity than a copy. The bank only needs the front side of the ID.)*

\_\_\_\_\_ Authorization for Direct Deposit- *signed (If applicable) Allows us to transfer remaining funds from Avidia Bank to a client’s personal account or reloadable debit card*

\*Note: All ID’s the bank will accept to open an account have an expiration date on the ID. **If the ID we receive is expired or does not have an expiration date, we will not notify you.**

We will put the enrollment on hold for up to six months. If we do not receive a current ID within 6 months of the date on the Power of Attorney, the submitted forms will be destroyed. Please check the expiration date prior to sending. Please contact us regarding any exceptions to this prior to sending.

In addition to faxing or emailing please mail the signed originals to:

**Friends Money Manager**

**43 Maple Ave. # 217 Shrewsbury MA. 01545**



Friend\$ Money Manager is Rent \$ecure Inc. company



**Friendsmoneymanager.com**



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## Enrollment Verification Form

To complete your Friends Money Manager enrollment all three sections must be fully completed and fully signed. **Please return the signed original forms** and copy of a current ID to Friends Money Manager.

*This form must be signed in the presence of, and notarized.*

- Client name: \_\_\_\_\_  
 Client address: \_\_\_\_\_  
 \_\_\_\_\_  
 Client date of birth: \_\_\_\_\_  
 Client social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Client place of birth (city and state): \_\_\_\_\_  
 Client mother's maiden name: \_\_\_\_\_

- I have read and agree to Friends Money Manager's Terms and Conditions and have completed the Friends Money Manager Enrollment Form (either online or printed version).

\_\_\_\_\_

Client signature and date

- I have completed and signed the Durable Power of Attorney to enroll in Friends Money Manager services.

\_\_\_\_\_

Client signature and date

*Notary* *stamp/seal*

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document in my presence. \_\_\_\_\_ (official signature and seal of notary)



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*Must be signed in the presence of, and notarized*

**Durable Power of Attorney for:**

**Rent Secure Inc. DBA Friends Money Manager**

Know all men by these present;

That (client/principal's name): \_\_\_\_\_ of (client/principal's  
address): \_\_\_\_\_

Hereby constitute and appoint Rent Secure Inc. DBA Friends Money Manager of Shrewsbury Massachusetts 01545, true and lawful Attorney for me and in my name and stead to endorse any checks, notes, or drafts payable to me; to deposit, withdraw or transfer funds in my name; to collect any and all amounts due me and to defend any and all claims against me; and generally to do all acts and take all steps which are necessary, convenient or expedient in the management of my property and affairs. Specifically, Rent Secure Inc. will open and manage a Trustee Account for the payment of bills and engage in banking transactions as specified in our agreement-dated \_\_\_\_/\_\_\_\_/\_\_\_\_.

This Power of Attorney shall not be affected by my subsequent disability or incapacity. I shall indemnify any and all persons or institutions against any losses suffered as a result of Acting upon this Power prior to notice of its revocation.

I may revoke this Power of Attorney at any time by terminating services with Rent Secure Inc. DBA Friends Money Manager as specified in our agreement-dated \_\_\_\_/\_\_\_\_/\_\_\_\_.

Hereby granting unto I said Attorney full power and authority to act in and concerning the Premises as fully and effectly as I might do if personally present. For this, I agree to pay a monthly fee.

In witness whereof, I hereunto set my hand this Day: \_\_\_\_\_ of the Month: \_\_\_\_\_ in the Year: \_\_\_\_\_ knowledge the forgoing to be of my free act and deed.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness Signature (not required)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document in my presence. \_\_\_\_\_ (official signature and seal of notary)



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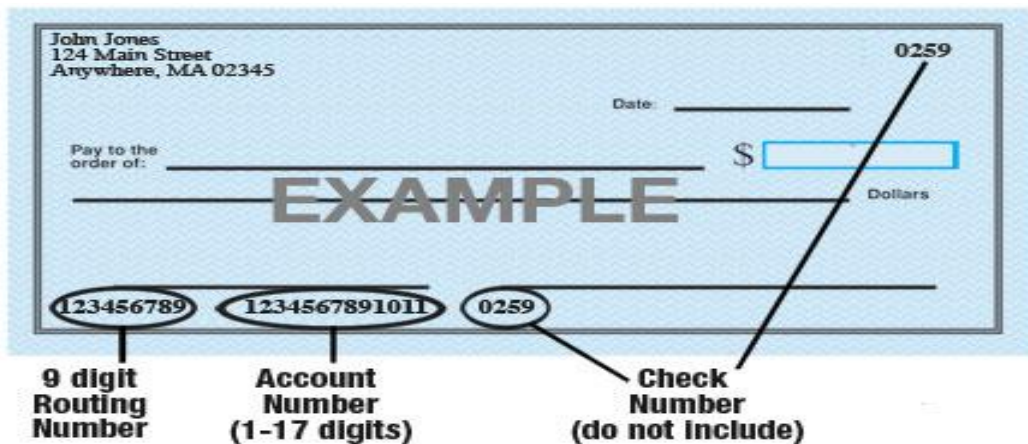


# FRIEND\$MONEY MANAGER

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## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I, \_\_\_\_\_ hereby authorize hereinafter Friends Money Manager, to initiate credit entries to my Checking account/savings account indicated below at the financial institution named below, and to credit the same to such account.



Name as it appears on the account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank address \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Type of Account:     Checking     Savings    (Check One)

*Please attach a voided check for each bank account to which funds should be deposited.*

This authorization is to remain in full force and effect until Friends Money Manager has received written notification from me of its termination in such time and such manner as to afford Friends Money Manager a reasonable opportunity to act on it.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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