



Humm Authorization form

Patients Name: _____

Patient using:

Little Things

Estimated borrowing amount: _____

Estimated fee to be deducted: _____

Full Term	Max Limit	Min Deposit	Rate
2.5 Months	\$1000	20%	4.00%
5 Months	\$2000	20%	4.00%

Big Things

Estimated borrowing amount: _____

Estimated fee to be deducted: _____

Full Term	Max Limit	Min Deposit	Rate
6 Months	\$2000	0%	4.00%
12 Months	\$3000	0%	4.00%
18 Months	\$6000	0%	8.70%
24 Months	\$12000	0%	8.70%
30 Months	\$15000	0\$	9.90%
40 Months	\$20000	0%	12.50%
45 Months	\$30000	0%	15.00%

I understand and have been made aware what fees will be deducted as an expense from my gross Salary.

Dentists name: _____

Signed: _____

Date: _____

Practice: _____