



Affiliate Payment Information Form

First Name _____ Last Name _____

Email _____ Phone/Mobile _____

Company _____ URL/@Names _____

Payment Method Selection

Select your preferred method (choose one):
 ACH Direct Deposit
 PayPal
 Mailed Check

For ACH Direct Deposit

Bank Name _____ Account Holder Name _____

Routing Number _____ Account Number _____

Account Type
 Checking
 Savings

For PayPal

PayPal Email Address _____

For Mailed Check

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Payment Threshold

Minimum payment amount before payout (default \$50) \$ _____

Certification (Please check the box)

I certify that the information provided above is correct and complete. I understand that I must complete and submit a W-9 form (<https://fabulousfrannie.com/w9-form>) along with this payment information form. I acknowledge that Fabulous Frannie will file a 1099 form for me each year that I receive payments as an affiliate. I understand that this information will be used for payment purposes related to the Fabulous Frannie Affiliate Program.

Signature _____ Date _____