



**GreenSky Patient Solutions®
TRANSACTION AUTHORIZATION FORM**

Borrower(s) Name(s): _____

Application ID Number: _____ **Transaction Amount:** _____

Borrower Acknowledgement: By signing below, I, the Borrower and Co-Borrower, if any, acknowledge the following:

1. I completed and submitted an application for a loan with the GreenSky Patient Solutions® Program
2. I have reviewed all disclosures provided with the loan application (available at www.greensky.com/disclosures);
3. I received a copy of my GreenSky Patient Solutions® Program Loan Agreement with the lender specified on the Loan Agreement (“Lender”) and I agree to be bound by the terms and conditions of the Loan Agreement;
4. I have read and understand the Transparency Principles below;
5. I authorize the payments listed on this form and instruct my/our Lender to disburse the proceeds of the GreenSky Patient Solutions® loan to my Provider.

The signature of a Borrower(s) below or the subsequent use of the GreenSky® loan to make a purchase will constitute acceptance by all Borrower(s) of the Agreement and the authorization of all Borrowers to process the transaction as identified.

Borrower Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

GreenSky Patient Solutions® TRANSPARENCY PRINCIPLES

- Financing for the GreenSky Patient Solutions® Program is provided by federally-insured, federal and state chartered financial institutions without regard to age, race, color, religion, national origin, gender, sexual orientation or familial status.
- The Program offers unsecured installment and revolving loans and is NOT an in-house credit product.
- For deferred interest products, you will pay an interest rate up to 29.99%. The interest is billed at your interest rate from the date of purchase. **Finance charges will be waived ONLY IF the entire purchase balance is paid in full prior to the end of the promotional period.**
- The Program accounts should only be charged for those costs incurred or services actually rendered within 30 days of the charge. If services are not rendered, customers may have the right to a refund. Additional services may be billed as you receive them from your Provider. These requirements do not apply to orthodontic services or custom products ordered by you, unless you receive such services or products from New York-based providers.
- Your Provider agrees to respond to and fully cooperate with inquiries from the Program regarding consumer complaints within ten (10) business days of the inquiry.
- You must have applied directly with the Program online (computer or mobile app) or over the telephone. If your Provider did not permit you to apply directly with the Program or required you to complete a paper application, you will have the right to reverse the charge from your account, even if services are rendered. If you exercise this right, the Program may chargeback your Provider for the transaction.
- Neither GreenSky Patient Solutions nor the financial institutions participating in the Program assume any responsibility or duty of care for the quality or outcome of any health care items and services you receive from your Provider.

Borrower and Provider should retain a signed copy of this form.

Approved for use by providers participating in the GreenSky Patient Solutions® Program

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