

# Auto Payment Enrollment Form



## Corporate/Purchasing Card

### Enroll Now for Automatic Payments

Save time, energy, and money with this convenient way to make your Corporate/Purchasing Card payment. Your bill will automatically be paid by the due date shown on your monthly statement. - To enroll, simply print this form, then complete and sign. Also, make a copy for your records. - Be sure to deduct the amount of your payment from your business checking or savings account each month. -

---

Mail or fax this form to: Security BankCard Center, Inc., P.O. Box 6139, Norman, OK 73070; (405) 217-7543

---

Name: \_\_\_\_\_ (the "Company") Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Visa Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Balance in Full     Minimum Payment     3% of Credit Line\* (whole dollars only)  
\*Subject to change with any increase or decrease of the Company's Credit Line

Name of Financial Institution: \_\_\_\_\_ (the "Bank")

Routing Number \_\_\_\_\_

Business Checking     Business Savings Number: \_\_\_\_\_ (the "Account")

On this date, I, for and on behalf of the Company and as an authorized representative of the Company, hereby request that Security BankCard Center, Inc. ("SBC") enroll the Company in the Auto Payment Plan and thereby enable the Company to have its VISA Corporate/Purchasing Credit Card bill automatically paid each month.

To facilitate the Auto Payment Plan, I authorize SBC to deduct from the Account an amount equal to one of the following (as indicated above): the Balance in Full; the Minimum Payment as specified on the Company's monthly statement; or 3% (rounded to the nearest whole dollar) of the Company's Credit Line, as such Credit Line may increase or decrease from time to time. If I chose a monthly auto payment equal to 3% of the Credit Line, I understand that the amount of the Company's payment may exceed its required minimum monthly payment.

I also understand that the Company has the right to cancel auto payment of its bill by providing timely written notice to SBC and/or the Bank at any time up to three business days prior to the due date shown on the Company's monthly statement. SBC and/or the Bank reserve the right to cancel this Auto Payment Plan, including the Company's participation therein, at any time upon notice.

Check fee: SBC will impose a non-refundable check fee for each automatic payment returned by a depository institution for dishonor or otherwise.

Signature\* \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*Must be signed by person authorized in Corporate Borrowing Resolution or Corporate application