

# Auto Payment Enrollment Form



## Enroll Now for Automatic Payments

Save time, energy, and money with this convenient way to make your Visa and MasterCard 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 checking or savings account each month.

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

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Visa/MC Account No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Balance in Full       Minimum Payment  
(as specified on your monthly statement)       Fixed Pay \$ \_\_\_\_\_ \*

\* Designate a fixed dollar amount (rounded to the nearest whole dollar) to pay each month; provided, the amount deducted from your account each month will be the greater of either the required Minimum Payment due or your designated Fixed Pay amount.

Name of Financial Institution: \_\_\_\_\_

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

Checking Account       Savings Account Number: \_\_\_\_\_

On this date, I hereby request that Security BankCard Center, Inc. ("SBC") enroll me in this Auto Payment Plan and thereby enable me to automatically pay my VISA/MasterCard bill each month.

To facilitate the Auto Payment Plan, I authorize SBC to deduct from my account with the above-named financial institution an amount equal to one of the following (as indicated above): "Balance in Full;" "Minimum Payment" (as specified on my monthly statement); or "Fixed Pay" (as designated by me above). Of these options, I understand that paying only the "Minimum Payment" is the most costly and will extend the time it takes to pay off my debt. If I choose "Fixed Pay," I understand that the amount of the payment deducted from my account will be the greater of either my required minimum monthly payment or my designated "Fixed Pay" amount.

I also understand that I have the right to cancel the auto payment of my bill by providing timely written notice to SBC and/or the above-named financial institution at any time up to three business days prior to the due date shown on my monthly statement. SBC and/or the above-named financial institution reserve the right to cancel this Auto Payment Plan, including my participation therein, at any time upon notice.

Check Fee: In the event the automatic payment from my account is returned by a depository institution because of dishonor, I understand that a non-refundable check fee will be imposed for each such return.

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