

**Section 1: AUTOMATIC PAYMENT AUTHORIZATION**

The date of this Automatic Payment Authorization (Authorization) is \_\_\_\_\_.

Note: The automatic payment may take up to 2 statement cycles to become effective (depending on timing) and will be reflected on Company's monthly statement before the first automatic payment is withdrawn. Until then, please continue to make manual Commercial Credit Card payments. If you have any questions, please call (877) 516-2777.

**Section 2: CREDIT CARD ACCOUNT INFORMATION**

Company Name:

Tax ID:

**Section 3: TRANSFER AUTHORIZATION (DEBITED DEPOSIT ACCOUNT)**

Deposit Account Number:

☐ Checking

☐ Savings

ABA/Transit Routing Number:

Financial Institution Name:

Deposit Account Title (ie. Name on Account):

**Automatic Payment Date (Select ONE):**

- ☐ Standard Bill/Monthly—Payment debited \_\_\_\_ Days prior to Payment Due Date
- ☐ Standard Bill/Monthly—Payment debited on Payment Due Date
- ☐ Flex Bill/ Weekly- Payment debited every 6th day after billing cycle unless earlier date is specified
- ☐ Flex Bill/ Bi Weekly- Payment debited every 13<sup>th</sup> day after billing cycle unless earlier date is specified

The undersigned, a duly authorized representative of Company, hereby authorizes Bank to make regular deductions as set forth above from the Deposit Account identified above ("Account") for the total amount due as stated in Company's Commercial Credit Card Statement and according to the Commercial Credit Card Agreement and Company's selected billing option, to be credited to Company's Commercial Credit Card Account (including any Sub-Accounts) and any subsequently issued replacement or new credit card Sub-Accounts. Company confirms that it is authorized to initiate payments from the Account and authorizes such payments from the Account as set forth above, via automatic electronic withdrawal. Company acknowledges that because the Commercial Credit Card Agreement requires payment in full of the balance each billing cycle, the amount of the payments may vary each cycle, and the periodic Credit Card Account Statement will be the only notice of the amount(s) to be deducted from the Account. Bank is authorized to charge the Account for the payment amount at the time selected above until the Credit Card Account is closed and paid in full, or until Company provides Bank either a written notice of cancellation or a new Automatic Payment Authorization. If Company submits notice of cancellation of this Authorization, Bank shall have a reasonable time to act upon such cancellation. A new, signed Automatic Payment Authorization signifies a desire to cancel any existing Authorization on file with respect to the Credit Card Account and proceed with the instructions listed on the Authorization form. Company acknowledges and agrees that if a payment due date falls on a non-Business Day, the payment amount will be debited from the Account and credited to the Credit Card Account as a payment on the next day Bank is open for regular business. Company further acknowledges and agrees that if the Account does not have a sufficient balance on a day that a payment is to be debited from the Account and credited to the Credit Card Account, Bank may, at its option, suspend further efforts to debit the Account and look to Company directly for the payment and all subsequent payments and to the extent Company is unable to pay according to the terms of the Commercial Credit Card Agreement, Bank may proceed with all remedies as set forth in the Agreement. In no event will availability of any credit line that Company may have with Bank be used in determining whether the Account has a sufficient balance. At Bank's option and sole discretion, Bank may resume automatically debiting the Account without further instruction from Company once the Credit Card Account is brought current. In the event Bank does not resume automatically debiting the Account once current, Bank will notify Company in writing that this Authorization has been cancelled. Such cancellation of this Authorization does not excuse Company from making timely payment under the terms of the Commercial Credit Card Agreement and as set forth in the Credit Card Account Statement. Bank may, at its option and in its sole discretion, may cancel this Authorization at any time. Company should retain a copy of this form for its records.

**SIGNATURES.** By signing below, Company agrees to the terms contained in this Authorization. Company further acknowledges that by signing below it will be replacing any previous Automatic Payment Authorizations currently on file with Bank with respect to the Credit Card Account.

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

Printed Name of Signer: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone\*: \_\_\_\_\_ *\*Phone # will be used in the event you need to be contacted about this form*

**Please complete and return to your Treasury Management Sales Officer, email to [CreditCardServices@midfirst.com](mailto:CreditCardServices@midfirst.com)  
or mail to: MIDFIRST BANK, ATTN: CREDIT CARD SERVICES, PO Box 54370, OKLAHOMA CITY, OK 73154**