

Section 1: AUTOMATIC PAYMENT AUTHORIZATION

The date of this Automatic Transfer Authorization (Authorization) is _____.

Note: The automatic transfer may take up to 2 statement cycles to become effective (depending on timing with your cycle) and will be reflected on your company's monthly statement before the first automatic payment is withdrawn. Until then, please continue to make manual Business Credit Card payments. For questions, please call (877) 516-2777.

As used herein, "Company" means both the business entity identified in Section 2 below and any Authorized Representative of Company.

Section 2: CREDIT CARD ACCOUNT INFORMATION

Company Name: _____

Company is Billed: ☐ Centrally ☐ Individually

**If Centrally billed, auto debit will be established on the central bill account.
If Individually Billed, please complete Page 2.*

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): _____

Monthly Payment Amount (Select ONE):

- ☐ Fixed Payment Amount (Specify Amount) or Total Minimum Payment Due, whichever is greater: \$ _____
- ☐ Total Minimum Payment Due
- ☐ Full Statement Balance

Automatic Payment Date (Select ONE):

- ☐ Payment Due Date
- ☐ Specific Day of Each Month: _____ (draft day must fall between the 1st and 28th)

Section 4: ACKNOWLEDGEMENT & SIGNATURES

Company authorizes Bank to charge the Deposit Account identified above ("Account") for the payment amount selected above to be credited to the above described Credit Card Account (including any Sub-Accounts) and any subsequently issued replacement accounts or new credit card Sub-Accounts. Company confirms that it is authorized to initiate transfers from the Account and authorizes such transactions from the Account each month, via automatic electronic withdrawal. Company acknowledges that the amount of the payments may vary each month, and the monthly statement will be the only notice of the amount to be deducted from the Account. Bank is authorized to charge the Account for the payment amount 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. A new signed Automatic Payment Authorization signifies a desire to cancel the existing Authorization on file with respect to the Credit Card Account and proceed with the instructions listed on this 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. In no event will availability of any credit line that Company may have with you be used in determining whether the Account has a sufficient balance. At Bank's option and sole discretion, Bank may resume charging the Account without further instruction from Company once all payments are current. In the event that Bank does not resume charging the Account, 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 Business Cardholder Agreement. In any event, Bank, at its option, may cancel this Authorization at any time.

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 local banking center, email to CreditCardServices@midfirst.com or mail to: MIDFIRST BANK, ATTN: CREDIT CARD SERVICES, PO Box 54370, OKLAHOMA CITY, OK 73154

CARDHOLDER INFORMATION – Required if company is individually billed.

Company authorizes and acknowledges that the Authorized Cardholders and related Sub-Accounts identified below will be placed on auto-payment as set forth above.

Cardholder Name	Last Four Digits of Credit Card Number (please do not include the full number)
	XXXX-XXXX-XXXX- _ _ _ _
	XXXX-XXXX-XXXX- _ _ _ _
	XXXX-XXXX-XXXX- _ _ _ _
	XXXX-XXXX-XXXX- _ _ _ _
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	XXXX-XXXX-XXXX- _ _ _ _
	XXXX-XXXX-XXXX- _ _ _ _