

## Automatic Credit Card Payment Authorization

This automatic payment will be effective one statement cycle from date request is received by Charlevoix State Bank. I am responsible for making payment prior to this time.

I hereby authorize Charlevoix State Bank to make the following recurring automatic payments to my Charlevoix State Bank credit card:

Name(s) on Account: _____
Card Number: _____
Transfer from Routing/ABA Number (if not a CSB account): _____
Transfer from Account Number: _____
Transfer from Account Type:   Checking <input type="checkbox"/> Savings <input type="checkbox"/>
<b>Payment Amount – select one option</b>
<input type="checkbox"/> Fixed Dollar Amount   \$ _____
<input type="checkbox"/> Percentage of Balance   _____ %
<input type="checkbox"/> Pay in Full
<input type="checkbox"/> Minimum Payment

This authorization shall remain in effect until revoked by the cardholder or terminated by the bank. Should there fail to be sufficient funds in the deposit account on the date authorized, the card may be subject to late fees and finance charges. Late payments may have adverse effects to one's credit report. I (we) acknowledge that I will be responsible for reviewing my monthly credit card statement for accuracy. I am solely responsible for keeping my credit card account current and paid in a timely manner.

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

<b>Employee Use Only</b>	
Employee entering initials:	Date:
Employee verifying initials:	Date: