

ACH AUTO PAYMENT AGREEMENT

For Bank Use Only Banker Name: _____ Branch Number: _____

I (we) hereby authorize First Interstate Bank to initiate withdrawals from the account indicated below to pay on credit card account number #:

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I (we) agree that your rights in respect to each withdrawal shall be the same as if it were a check drawn on my (our) account and personally signed by either of us and that you shall be fully protected in honoring such a withdrawal. I (we) further agree that if any such withdrawal is dishonored with cause, First Interstate Bank shall be under no liability whatsoever if such dishonor results in late charges or revocation of my (our) card. If funds are not available, this agreement is null and void immediately.

CARDHOLDER NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO.

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 Checking Savings ACCOUNT # _____
(The first 9 numbers from the left at the bottom of your check are your Bank Routing Number.)

Indicate the date each month the payment will be applied to the credit card account: _____
(Payment date cannot be between the 6th and 10th of the month.) **If blank, default to payment due date.**
If payment falls on a weekend or holiday the payment applies on the following business day.

The amount of payment for my (our) credit card to be deducted monthly is (check one):

- The minimum required payment amount or percentage as disclosed in the cardholder agreement, \$20.00 dollars or 3%, whichever is greater.
- The total unpaid balance of the account as of statement date.
- A fixed dollar amount which is greater than the minimum required payment but less than the full unpaid balance. The fixed dollar amount to be withdrawn monthly is \$ _____. Write out dollar amount. _____ dollars.
- A fixed percentage of the balance which is greater than the minimum required payment but less than the full unpaid balance. The fixed percentage of the unpaid balance to be withdrawn monthly is _____. Write out percentage amount. _____ percentage.

This authority is to remain in full force and effect until I (we) provide First Interstate Bank with a written authorization requesting that a change be made or that the periodic payments be terminated. I (we) must provide a written authorization as to change or termination so that it is received by First Interstate Bank at least 30 days prior to any change or termination requested.

To terminate agreement, sign here _____

I (we) understand and agree that in order for First Interstate Bank to make payments requested in this authorization form, I (we) must have the payment amount available in my (our) account. I (we) further understand and agree that First Interstate Bank shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold First Interstate Bank harmless from any claims, liabilities, attorney's fees and other costs and expenses of any and every kind and nature which may be incurred by them by reason of their performance under this Authorization Form.

In addition, I (we) understand that it may take a full statement cycle before this agreement goes into effect, and I (we) are responsible for payments due prior to the effective date of the ACH.

Name(s): _____ / _____ Social Security #:

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(signer) (joint signer)

Date: _____ Signer:

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 Joint:

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