



Why deal with paying monthly your credit card bill when we can take care of it for you?

The Automatic Payment Plan is going to change the way you think about paying your credit card bill.

It's easy. It's convenient. And it saves you money!

It gives you the option of having your monthly credit card payment automatically deducted from your checking account.

Simply decide how much you want deducted each month:

- **The minimum amount due**
- **Your full account balance**
- **Any fixed amount**

We'll do the rest. You can rest assured that your payments will be made on time every month and you won't even have the hassle of writing out the checks. This means you can even avoid late charges. All this convenience and there's no additional charge to you — in fact, you'll even save on postage every month.

What's more, even if you choose the Automatic Payment Plan, you will still have the opportunity to review your statement prior to payment each month — and if you want, you can send in extra payments.

It's easy to see how the Automatic Payment Plan can make your life easier.

To enroll in the plan, simply print and complete the Enrollment Form on the next page. Return the form with an **actual voided blank check** to the following address:

**Cardholder Services
Automatic Payment Plan Department
P.O. Box 105555
Atlanta, GA 30348-5555**

If you have any questions or comments, please contact our Customer Service Department at the number on the back of your card.

Automatic Payment Plan Enrollment Form

To enroll in the Automatic Payment Plan, please print out and complete the form below. Once completed and signed, please mail with a voided blank check to the following address:

Cardholder Services
Automatic Payment Plan Department
P.O. Box 105555
Atlanta, GA 30348-5555

IMPORTANT:

- Please enclose an actual voided blank check for the verification of your bank account number.
- We will notify you in writing to indicate when your automatic payment will begin.
- If you initiate a change in your checking account or financial institution from which your automatic payment is deducted, you will be asked to re-enroll in the plan.
- If you have questions, please contact our Customer Service Department at the number on the back of your card.
- You may request changes to your plan at any time, but changes must be made in writing and sent to the above address.

YES, please enroll me in the Automatic Payment Plan.

YES, I have included an actual voided blank check for account number verification.

To: Cardholder Services	
I hereby request and authorize you to automatically deduct my monthly payment from my checking account. I would like my payment to be (check one):	
<input type="checkbox"/> The minimum amount due	
<input type="checkbox"/> The full balance	
<input type="checkbox"/> The fixed amount of \$_____/month (If the minimum payment is greater than the fixed amount, the minimum payment will be deducted.)	
Checking Account Number:	
Name of Financial Institution:	
Card Account Number:	
I understand and agree that the automatic monthly payment will take place each month on the payment due date; that the privileges attached to said coverage are contingent upon my maintaining and properly handling both the Checking Account and the Card Account numbered above, and will terminate immediately upon the termination or closing of either such account for any reason; and that you reserve the right to make periodic reviews of the accounts involved in this Agreement and to withdraw any privileges previously granted.	
Name:	
Address:	
City:	State: Zip:
Telephone Number ()	E-mail address:
X _____ Signature (Required)* Date	X _____ Co-Signature* Date (Co-Signature required if joint account (2 names) on check)
* I understand that enrollment in the Automatic Payment Plan is not a requirement of continuing credit under my account.	