St. Mary's Bank

Credit Card Automatic Payment Enrollment/Change Form

*Please complete the applicable sections; then print, sign, and **attach a copy of a voided check**. You can:*

- *Drop off at any branch location*
- *Mail to P.O. Box 720, Manchester, NH 03105-0720*
- *Fax to (603) 647-1120*
- *Scan and send as an attachment through your Online Banking secure email*

Credit Card Account Number: _____ Transfer Start Date: _____

Located at the top of your credit card statement

Please select one of the following two options:

Pay with your **St. Mary's Bank** deposit account*	Account Number to Debit: _____ Type of Account: ☐ Checking ☐ Savings Amount: ☐ Minimum Payment Due ☐ My Full Balance ☐ Another Amount _____

OR

Pay with your deposit account at **another financial institution***	Name of Financial Institution: _____ Transfer Day:_____ *Day of the month* 9-Digit Routing Number: _____ Account Number to Debit: _____ Type of Account: ☐ Checking ☐ Savings Amount: _____ *Fixed amount only*

I hereby authorize St. Mary's Bank to initiate debit entries and to initiate, if necessary, adjustment credit entries to my account at the financial institution named above for the purpose of automatically paying my credit card payment with St. Mary's Bank. This authority is to remain in effect until St. Mary's Bank has received written notification from me, or other authorized signer, of its termination. Written notification is required at least 5 business days prior to next payment due date.

_____   _____
Print Member Name   *Member's Signature*   *Date*

* The first payment due date must be at least 10 calendar days after today's date. If a transfer date is a non-processing day for us, then the transfer will be made on the first processing day before the scheduled transfer date. Payments from a St. Mary's Bank deposit account will be generated based upon the loan account's next due date. Payments from a deposit account at another financial institution will be generated based upon the selected "transfer day" above. The amount of the payment will be determined as indicated above. St. Mary's Bank reserves the right to terminate this agreement at any time upon member notification. Dishonored items will not be resubmitted, and member will be responsible for payment.

Internal Use Only Rep Initials _____