

Authorization Agreement for Credit Card AUTOPAY

Credit Card Information (In order to qualify for Autopay Service drawn on a non-BBVA Compass account, the customer must have made at least one prior payment by check.) Note: All fields are required.

Name on Credit Card Account*

Credit Card Acct Number

Plan Amount (select one): Pay New Balance In Full Pay Minimum Payment Due

Checking/Savings Account Information

Name on Checking/Savings Account*

Checking/Savings Account Number

Bank Routing Number Usually the first nine numbers located at the bottom of your check. If completed by customer please provide a voided check with the completed form.

Email Address for Confirmation/Approval

*The name on the credit card account and the name on the checking or savings account must match.

Authorization

I request and authorize Compass Bank to make on going monthly electronic funds transfers via the Automated Clearing House (ACH) network, in accordance with the National Automated Clearing House Association (NACHA) Operating rules, for the Credit Card Autopay plan. I authorize debits from the account I own, noted above, to make payment on my NBA American Express Credit Card account. The Plan amount as noted above, will be debited from my account, on the payment due date as reflected on the account statement, provided the designated payment account has sufficient funds. I also understand that any payments I may make outside of the Credit Card Autopay plan, will only affect the scheduled Autopay plan amount due, to the extent that it will not result in a credit balance. I understand that Credit Card Autopay plan payments will appear on my monthly billing statements. I understand this authorization will remain in effect until revoked in writing to Compass Bank Card Financial Services at P.O. Box 2210 Decatur, Alabama 35699. It may take up to one billing cycle to process my written revocation. I understand that I may request a stop payment of any Credit Card Autopay plan scheduled payment to my NBA American Express Credit Card by notifying Compass Bank Card Financial Services at 800 239-5175, not less than three (3) business days before the next scheduled payment date. I understand that any requested change to the Credit Card Autopay plan amount, indicated above, must be submitted in writing to Compass Bank Card Financial Services, as noted above, and may take up to one billing cycle to take effect. Compass Bank Visa® Credit Card terms and conditions apply.

Signature

Account Holder Signature Date of Authorization Phone