

# MAIL THIS FORM TO SIGN UP FOR AUTOPAY

I may cancel or change this authorization at any time at no cost. Cardmember Service must receive written or phone notice for any change in this authorization. I understand that I will continue to receive my monthly credit card statement and that the amount I have authorized for deduction will be subtracted from my checking or savings account. If there are insufficient funds in my checking or savings account, normal fees and charges will apply.

I must allow 10 business days for the account setup. I will continue to make my monthly payments until I am notified on my statement that setup is complete.

## Payment Deduction Authorization:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_

Phone Number (Evening) \_\_\_\_\_

I have completed the form on the reverse side and have read and agree to the Terms and Conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Mail in with your next payment, or mail to:

Cardmember Service  
P.O. Box 6354  
Fargo, ND 58125-6354

## Terms and Conditions

1. Payment can be made from a checking or savings account from most financial institutions in the United States.
2. If there are insufficient funds in your checking or savings account on the specified payment date, Elan Financial Services (the "Issuer") reserves the right to take payment in whole or in part when funds become available. If applicable, normal fees and charges will apply according to the terms of your Cardmember Agreement.
3. This authority will remain in effect until you notify us in writing at: Cardmember Service, P.O. Box 6354, Fargo, ND 58125-6354. Or you may call the Cardmember Service phone number listed on the back of your card to cancel it, allowing the Issuer reasonable opportunity to act.
4. If you choose to pay less than your Statement Balance, interest charges will be assessed according to the terms of your Cardmember Agreement.
5. AutoPay: A message will be printed on your credit card statement each month to confirm how much will be paid on your credit card account and when it will be paid.
6. AutoPay: Your payment amount is determined on your statement date according to the payment option you have chosen. Payments and fee credits received during the billing cycle do decrease your payment amount for the Minimum Payment Due and Statement Balance options. If the Fixed Dollar Amount is less than the Minimum Payment Due, the Issuer will request the Minimum Payment Due. If your Fixed Dollar Amount is greater than the Minimum Payment Due, the Issuer will request the Fixed Dollar Amount. If your Fixed Dollar Amount is greater than the Statement Balance, the Issuer will request only the New Balance. We will determine your New Balance for your Automatic Payment option as statement New Balance less any fee credits and payments posted up to two days prior to the AutoPay date.
7. Phone Pay: Cardmember Service-assisted initial setup for phone payments and payments using the automated phone system are free. Cardmember Service-assisted payments by phone will be assessed a \$10.00 fee.

**Note:** If you have a savings account or money market account, request your Routing and Transit Number (RTN) from your financial institution.

Your Name 123 Main Street Anytown, USA 12345	0101	
Pay To _____	Dollars	
100087394	812345789	0101

your 9-digit RTN Routing and Transit Number      your account number

The creditor, issuer and service provider of your card is Elan Financial Services, pursuant to licenses from Visa U.S.A. Inc. or MasterCard International Incorporated. MasterCard is a registered trademark of MasterCard International Incorporated. © 2012 Elan Financial Services. All rights reserved. Print date 11/2012



# Convenient Credit Card PAYMENT OPTIONS



AutoPay • Online • Phone • Mail



# SAVE TIME, STAY ON SCHEDULE

Choose the Payment Option that Works for You!

## **AutoPay:** Pay Your Statement Automatically.

AutoPay is an easy and secure way to automatically pay your credit card bill from your checking or savings account every month. It will save time and eliminate potential mail delays.

**Sign up for AutoPay today!** Simply fill out the attached forms, detach the panel labeled MAIL THIS FORM and send it with this month's payment OR mail it to:

Cardmember Service  
P.O. Box 6354  
Fargo, ND 58125-6354

You can also fax it to: 1-866-616-1750

**Important Note:** AutoPay takes about 10 days to activate, so pay your first monthly statement by mail, phone or online.

## **Pay Online:** A Quick Way to Pay.

Visit your financial institution's website found on your statement. After enrolling in Online Account Access, navigate to **Manage Payments** and **Make a Payment**.

## **Pay by Phone:** Call In Your Payment Each Month.

Initiate a single payment to your account using your touchtone phone. Call the Cardmember Service number on the back of your card to enroll.

## **Pay by Mail:** The Traditional Way to Pay.

You can always mail your payment along with the coupon included with your monthly statement.



## SAVE THIS FORM for your records

I enrolled this credit card in AutoPay:

Account Number (16 digits)

9-digit RTN (Routing/Transit Number). To determine the RTN see reverse.

Financial Institution/City/State

Checking/Savings Account Number

I chose to pay this amount (check one):

- New Balance shown on my monthly billing statement\*
- Current Minimum Payment Due on my monthly billing statement\*\*
- Fixed Dollar Amount\*\*\* \$ \_\_\_\_\_

My payment will be made on this day of the month: \_\_\_\_\_

### Payment selection example:

This shows a request for an automatic payment to be made on the 25th of each month, ensuring payment by a due date of the 1st.	Payment Due on This Date	1	3	4	6	7
	First Available Payment Date†	23	24	25	28	1
	Other Payment Date Options†	24	25	26	29	2
		26	27	28	31	4

† If this day falls on a Saturday, Sunday or Holiday, the payment will be posted on the next business day and will be reflected as such on your monthly statement.

### Payment Terms are as follows:

- \* New Balance is determined as statement New Balance less any fee credits and payments posted up to two business days prior to AutoPay date.
- \*\* Minimum Payment Due determined as statement Minimum Payment or Total Amount Due two business days prior to AutoPay date, whichever is less.
- \*\*\* Fixed Dollar Amount determined as follows: If statement Minimum Payment is greater than Fixed Amount, AutoPay amount will be Minimum Payment amount. If statement New Balance is less than Fixed Amount, payment will be amount of New Balance. Otherwise, the Fixed Amount selected will be equal to the AutoPay amount.



## MAIL THIS FORM to sign up for AutoPay

Please enroll this credit card in AutoPay:

Account Number (16 digits)

9-digit RTN (Routing/Transit Number). To determine the RTN see reverse.

Financial Institution/City/State

Checking/Savings Account Number

Pay this amount (check one):

- New Balance shown on my monthly billing statement\*
- Current Minimum Payment Due on my monthly billing statement\*\*
- Fixed Dollar Amount\*\*\* \$ \_\_\_\_\_

Select a Payment Date from the chart below following these easy steps:

- Find your Payment Due Date on your statement.
- Choose the date on which you want your payment to be made each month. The date must be between the ranges provided and assumes a 31-day month.
- Circle your selection. (For clarification, see example on your left.)

Payment Due on This Date	1	3	4	6	7	9	10	11	15	16	17	19	22	23	24	28
First Available Payment Date†	23	24	25	28	1	2	3	5	8	9	11	13	15	16	16	20
Other Payment Date Options†	24	25	26	29	2	3	4	6	9	10	12	14	16	17	17	21
	25	26	27	30	3	4	5	7	10	11	13	15	17	18	18	22
	26	27	28	31	4	5	6	8	11	12	14	16	18	19	19	23
	27	28	29	1	5	6	7	9	12	13	15	17	19	20	20	24
	28	29	30	2	6	7	8	10	13	14	16	18	20	21	21	25
	29	30	31	3	7	8	9	11	14	15	17	19	21	22	22	26
	30	31	1	4	9	10	15	16				22	23	23	27	
	31	1	2	5											24	28
	1	2	3	6												
	3	4														

† If this day falls on a Saturday, Sunday or Holiday, the payment will be posted on the next business day and will be reflected as such on your monthly statement.

Please sign on the reverse side.  
DO NOT enclose voided checks or savings deposit slips.

See the Payment Terms on the panel at left.