

AutoPay



Sign Up for AutoPay

With AutoPay, you can enjoy the convenience of having your credit card bill paid automatically. You can forget about mailing your payment, searching for stamps, or worrying about late payment fees. To sign up, fax or mail the completed form back to us at the address below.

COMPLETE AND RETURN THIS FORM

Please pay my FlexPerksSM Visa[®] card Account: _____ - _____ - _____

Please pay from: (check one) Checking Account Savings account

Bank/City/State: _____

9-digit RTN (Routing and Transit Number): _____

Account Number: _____

Please do not enclose voided checks or savings deposit slips.

Please pay the: (check one)

- New balance shown on monthly statement*
- Current Minimum Payment due shown on monthly statement**
- Fixed Dollar Amount*** \$_____ (Indicate amount)

See below on payment terms referenced above.

Please select your AutoPay date: (check one)

- First available date[†]
- I would like to pay on the _____ day of the month. Make sure the date you choose is between 9 and 14 days after your statement end date so that you do not incur a late fee.

Please refer to your most recent FlexPerks Visa card statement for your statement end date. Example: If your last statement was for activity between March 18 and April 18, you would want to choose a date between April 27 and May 2. Please assume a 30-day month for your payment withdrawal.

How to Determine your RTN (Routing and Transit Number)

Janice Morris 123 Easy Street Anytown, US 12345	0101
Pay To: _____	\$ _____
_____ DOLLARS	
191111122	159123456789

Your 9 digit Routing and Transit number Your Account Number

AutoPay Terms and Conditions:

[†] Dependent on your statement cycle. Withdrawal date may be as soon as three business days after your statement prints.

1. Payment can be made from a checking or savings account from most financial institutions in the United States.
2. A message will be printed on your FlexPerks Visa card statement each month that will indicate the date and the exact amount of your automatic payment. You should continue to make payments on the Account until you see this message printed on your statement.
3. If there are insufficient funds in your account on the specified dates, U.S. Bank National Association ND reserves the right to take payment in whole or in part when funds become available. Late fees may apply if the payment is late when funds become available. See your Cardmember Agreement for complete details.
4. This authority will remain in effect until you notify us to cancel it (at least three business days prior to payment date to cancel AutoPay for that month). Automatic payments will continue to be deducted from your checking or savings account until you receive confirmation of AutoPay cancellation.
5. If you choose to pay less than your statement balance, finance charges will be assessed according to the terms of your Cardmember Agreement.
6. A message will be printed on your statement every month to confirm how much will be paid on your account and when it will be paid.

Payment terms are according to the following:

* Statement New Balance less any credits posted up to 2 business days prior to AutoPay date.

** Statement Minimum Payment or total amount due 2 business days prior to AutoPay date, whichever is less.

*** If Statement Minimum Payment is greater than the fixed amount, AutoPay amount will be the Minimum Payment amount. If Statement New Balance is less than the Fixed Amount, payment will be the amount of New Balance; otherwise, the Fixed Amount selected will be equal to the AutoPay amount.

I may cancel or change this authorization at any time at no cost. U.S. Bank National Association ND must receive in writing or by phone a notice of 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 accounts, normal fees and charges will apply. I must allow 10 business days for account setup. I will continue to make my monthly payments until I am notified that setup is complete. If I cancel, I understand that payments will continue to be deducted from my checking or savings account until I receive confirmation of AutoPay cancellation on my statement.

Name: (please print as it appears on your FlexPerks Visa card) _____

Signature: _____ Date: _____

If you have further questions, please contact 24-hour Cardmember Service Department at 877-978-7446 for the FlexPerks Travel Rewards Visa Signature card or 800-692-8472 for the FlexPerks Select Rewards Visa card.

Please fax your completed form to: 866-568-7729 or 701-461-4022

Or mail to:

U.S. Bank National Association ND
c/o U.S. Bancorp Service Center, Inc.
PO Box 6352

Fargo, ND 58125-6352 Fargo, ND 58125-6339



AutoPay



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COMPLETE AND KEEP THIS FORM FOR YOUR RECORDS

Please pay my FlexPerksSM Visa[®] card Account: _____

Please pay from: (check one) Checking Account Savings account

Bank/City/State: _____

9-digit RTN (Routing and Transit Number): _____

Account Number: _____

Please do not enclose voided checks or savings deposit slips.

Please pay the: (check one)

- New balance shown on monthly statement*
- Current Minimum Payment due shown on monthly statement**
- Fixed Dollar Amount*** \$_____ (Indicate amount)

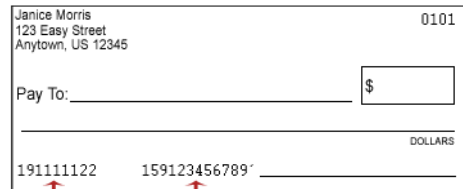
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Your 9 digit Routing and Transit number Your Account Number

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c/o U.S. Bancorp Service Center, Inc.
PO Box 6352
Fargo, ND 58125-6352/Fargo, ND 58125-6339

