Recurring Payment Enrollment Form

Applicable to Consumer and Business Credit Card Products (ONLY)



Type of Credit Card Account: Consumer Bus	siness	
Name on Credit Card Account		
Address (Line 1)		
Address (Line 2)		
City, State, Zip code		
Credit Card Account # (Last 4 Digits)		
I hereby authorize Truist Bank (hereinafter, TRUIST), to initiate of DEPOSITORY) and to debit this account:	debit entries at the depository financial institution named below (hereinafter,	
(Please note: For <u>Consumer Card accounts</u> , you must choose betwee Personal checking or savings account. For <u>Business Card accounts</u> , y must choose between Business checking or Business savings account	Jou Business Crecking Account	
I acknowledge that the origination of Automated Clearing House law.	e (ACH) transactions from this account must comply with the provisions of U.S.	
Depository Name:	Name on Account:	
Routing/Transit#:	Account #:	
The amount to be debited each billing cycle Date of month for draft (DD) Date of month for draft (DD) (Please note: If the date you selected is after the last day of the month or is a date that will not occur (e.g., April 31st), your payment will process on the last day of that month.)		
(please select <u>only</u> one) Last statement balance Client Designated Fixed Amo	Minimum Payment Due	

Authorization Agreement

By authorizing this transfer from your designated deposit account to pay your eligible Truist Bank credit account, you confirm that you are authorized to initiate payments from the designated account, and you authorize Truist Bank to automatically transfer the amount of the payment requested by you from your designated deposit account to your Truist credit account. Unless you cancel the recurring payment, we may continue to initiate payments for the amount authorized as long as there is an outstanding balance and regardless of whether the credit account is closed. If you close your designated deposit account, you agree to cancel your recurring payments with Truist in advance and as provided below.

Payment Amount and Dates

This recurring payment will be applied as a payment to your credit account on the payment date including on weekends and holidays, although it may not appear in your credit account details until 1-2 business days after the payment date because of processing timeframes. Transactions scheduled for a date that will not occur in the future (e.g., April 31st) will process on the last day of that month. Any credits or debits posted to your account after the statement date and prior to the payment date will be reflected in the next month's statement and payment amount due. You understand that when you select the amount of Minimum Amount Due or Last Statement Balance, your payments will vary each month. You may refer to your monthly statement, account details available through Truist Online Banking, and our email to you for notice of the payment date and the amount to be deducted. To receive email notifications about your payments, as well as other important account notifications, please ensure your email address provided to Truist remains current.

Payment Rejects

Transactions are processed in the early morning on the date you select. In the event that sufficient funds are not available in the designated deposit account to pay the amount you authorized at the time we process the transaction, we may assess a returned item fee and late fee or other fees related to the payment reject. We may cancel the recurring transaction and/or series if the payment is not executed due to insufficient funds in your designated deposit account or the deposit account is closed.

Cancellation or Terminating Recurring Payments

Once you have authorized this transaction, you can cancel an upcoming payment or series by logging into Truist Online Banking and either deleting the Next Scheduled Transaction to cancel a payment or deleting All Transactions to terminate your authorization of recurring payments in the series. Transactions can be edited or deleted while in the "Scheduled" status. Once a transaction is "In Process" or "Complete", you understand the authorized transfer for that payment date can no longer be cancelled. We recommend you submit any edits or deletions by 11:59 PM ET the day prior to the payment date.

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This authorization shall remain in full force and effect until TRUIST has received notification from me of its termination in such time and in such manner as to afford TRUIST and DEPOSITORY a reasonable opportunity to act on it. Specifically, I understand that the automatic payments may be processed via ACH; for this reason, I understand that I must submit any edits or deletions by 11:59 PM ET the day prior to the payment date. TRUIST may cancel this authorization at any time and for any reason, without giving me advance notice.

I also authorize TRUIST to credit the same deposit (e.g., checking or savings) account if adjustments are required to reverse or correct debit entries deducting funds from the deposit account.

I represent that I am a duly authorized party on both the above-noted credit card account and deposit account and I have full authority to enter into the Direct Payment ACH Debit Authorization for the above referenced deposit account on behalf of the account holder(s).

Please retain a copy of this agreement for your records.

Return completed paper form to:

Mail: Bankcard Services, PO Box 200, Wilson NC 27894; Mail code: 100-50-01-15 or
In Person in Branch

Name:	Title:	
Signature:	Date:	
Bank Use Only		
Requesting Officer Name:	Requesting Officer Id:	
Tracking Number:		

Credit Cards are issued by Truist Bank. Member FDIC.

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