

Authorization Agreement for Automatic Payments – Credit Card

TWO CONVENIENT WAYS to pay your Mastercard® or Visa® bill. We will deduct your payment each month from your designated deposit account from any U. S. financial institution. All payments will be deducted on your Payment Due Date, and will appear on your credit card statement. Any additional payments you make between the Statement Closing Date and the Payment Due Date will lower your automatic payment for that month.

Please select one of the following payment plans:

- Minimum Monthly Payment:** The payment will be the “Minimum Payment Due” shown on your credit card statement.
- Entire Balance Owed:** The payment will be the “New Balance” shown on your credit card statement.

Name (first, middle initial, last)	Daytime Phone
Address (street, city, state, zip code)	
Mastercard Account Number (16 digits)	Visa Account Number (16 digits)

Note: You may use one form to sign up for automatic payments on both your Mastercard® & Visa®. The same payment plan selected above will apply to each account.

Bank Name and Address (Required) Bank Name Bank Address City , State Zip Code	Bank Deposit Account # (Required) <hr/> Bank Routing # (Required) <hr/> Type of Deposit Account (Select Only One – Required) <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
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Mail this to: BankCard Center
 P.O. Box 1959
 Honolulu, HI 96805

I hereby authorize First Hawaiian Bank (referred to as “BankCard Center”) to charge my account at the financial institution listed above for my monthly Credit Card payment. I agree that this authorization will only become effective after BankCard Center has sufficient time (minimum of 10 business days) to process this request, and will remain in effect until revoked by BankCard Center or me. To change or terminate this authorization, I agree to provide written notice to the address listed above. BankCard Center shall have reasonable time to act on any notice of termination I give. I also agree that BankCard Center may terminate this authorization for any reason. If this authorization is terminated for any reason, I agree to make payments by other methods permitted by the Credit Card agreement. I understand that I will still be responsible for any late fees, charges or other consequences of late or non-payment, whether because of insufficient funds, my error or the error of my financial institution. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. By signing below, I acknowledge receipt of a copy of this Authorization Agreement.

Customer Signature

Date

Provide a signed copy of this form to the customer.