

# AutoPay Authorization Form

I authorize Commerce Bank to debit my deposit account as shown below:

NAME: \_\_\_\_\_

Account to pay (check one only):  Visa  MasterCard

Account Number (separate form required for each account):  
\_\_\_\_\_

**Please debit the following deposit account (only one):**

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Money Market Account Number: \_\_\_\_\_

NOTE: Attach a voided check or deposit slip from your account in order for us to set up this ACH debit. Trust account and business accounts do not qualify.

**Please check desired payment option for each monthly payment.**



**Minimum Payment due**

Less any payments after the Statement Closing Date and before the Payment Due Date



**Full Payment of Previous Balance due**

Less any payments or credits after the Statement Closing Date and before the Payment Due Date

**Begin the automatic payment on the first Payment Due Date after:**

Date (mm/dd/yyyy): \_\_ / \_\_ / \_\_\_\_

(Must be at least 30 days in the future.)

This authorization is to remain in effect until Commerce Bank has received written notice of termination from me (or either of us) at the address below in such time and manner as to afford Commerce Bank reasonable opportunity to act upon it (but not less than five business days). Commerce Bank reserves the right to decline or cancel AutoPay service at any time.

I/We agree to maintain sufficient funds on deposit to cover the withdrawal payment in this account. I/We agree not to rely upon overdraft protection to make my/our payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Joint Cardholder, if applicable)

REMEMBER: You must send a voided check or deposit slip from your checking, savings or money market account along with this enrollment form to Commerce Bank, Bank Card Support, 811 Main KCBC-11, Kansas City, MO 64105.

**RETAIN THE SECOND COPY OF THIS FORM FOR YOUR RECORDS.**

*For bank use only*

CRF VER:

APPROVED BY:

NMAF:

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