Printed Name_____ Address_____

**Last 4 of Social Security Number_____ **Last 4 of Credit Card Number_____

Authorization Disclosure
I request and authorize you to pay my credit card account and charge my bank account on a regular basis, for the PREMIER Pay amount indicated on this page. I agree that your right regarding payments will be the same as if it were a payment personally authorized. I understand that automatically deducted payments will appear on my monthly billing statements and that copies of the payment will not be available. This authority to deduct payments will remain in effect until I notify First PREMIER Bank. Notification by telephone or in writing will be accepted to cancel (7 days required to process your request). If a PREMIER Pay payment is returned for any reason other than insufficient funds, my PREMIER Pay Service will be cancelled. If two consecutive PREMIER Pay payments are returned for insufficient funds, or if my account is accepted into a Temporary Payment Program, Workout Payment Program or Debt Management Program, my PREMIER Pay service will be cancelled. I can stop payment of any entry by notifying my financial institution 3 business days before my account is charged.

(Please retain the second copy for your record)

CHOOSE YOUR PREMIER PAY PLAN BY SELECTING ONE OPTION BELOW

Note: The payment will be applied to your account approximately two days before the payment due date

1. _____ **Auto deduct minimum payment plus past due amount each month**
   Equal to current month's calculated minimum payment plus any past due amount. Any amount over limit due is not included.

2. _____ **Auto deduct $ _____ each month**
   Please select an amount that would typically meet or exceed your minimum payment plus any past due amount. If any month's minimum payment plus any past due amount is more than the amount selected, the minimum payment plus any past due amount will be deducted.

3. _____ **Auto deduct my balance in full each month**
   Equal to the ending balance of your last statement.

NOTE: If you do not choose an option, Option 1 will be applied.
REMINDER: You must continue to make monthly payments until you receive notification that your account is enrolled in PREMIER Pay.

CHECKING/SAVINGS ACCOUNT INFORMATION **Choose one: _____ Checking**
_____ Savings

_____ _____
*Routing Transit Number *Account Number of Checking/Savings Account to be debited

_____ _____
Checking/Savings Account Signature (Required) Date

ATTACH VOIDED CHECK (if available*) IN ORDER TO BE DEDUCTED FROM YOUR CHECKING ACCOUNT OR SAVINGS WITHDRAWAL TICKET MUST BE ATTACHED TO BE DEDUCTED FROM YOUR SAVINGS ACCOUNT
(If using a savings account, please verify the routing number is included on the savings withdrawal ticket. Failure to do so may cause delay of your request.)

*If no voided check is available, you MUST provide the Routing Transit Number and Account Number

Office Use Only:
Cycle code: _____
Date (49) _____
SU _____/_____ QR _____

Please mail completed form to:
First PREMIER Bank
Attn: Settlement
PO Box 5514
Sioux Falls SD 57117-5514

****Be sure to include your name, address and last four numbers of your Social Security Number and of your Credit Card.**

Printed Name_____ Address_____

**Last 4 of Social Security Number_____ **Last 4 of Credit Card Number_____

Authorization Disclosure
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_____ _____
*Routing Transit Number *Account Number of Checking/Savings Account to be debited

_____ _____
Checking/Savings Account Signature (Required) Date

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(If using a savings account, please verify the routing number is included on the savings withdrawal ticket. Failure to do so may cause delay of your request.)

*If no voided check is available, you MUST provide the Routing Transit Number and Account Number

Office Use Only:
Cycle code: _____
Date (49) _____
SU _____/_____ QR _____

Please mail completed form to:
First PREMIER Bank
Attn: Settlement
PO Box 5514
Sioux Falls SD 57117-5514

****Be sure to include your name, address and last four numbers of your Social Security Number and of your Credit Card.**

Customer Copy