

# Enroll today to enjoy the convenience of Auto Pay.

## It's easy to get started.

To enroll in the Auto Pay option, complete and sign this Enrollment form, then return it by mail or to your local BMO branch. Once your completed form is received, your information will be processed to set-up Auto Pay for your Account and we will send you a letter confirming completion of your Enrollment request.

Complete form below and:

Mail to: BMO Bank N.A.  
P.O. Box 6101  
Carol Stream, IL 60197-6101

Or, return to your local BMO branch.

## AUTOMATIC CREDIT CARD PAYMENT ENROLLMENT

The undersigned authorizes BMO Bank N.A., its agents and assigns ("BMO") to debit the following bank account for the following amount due ("Auto Pay Amount") on your BMO Business Credit Card account below.

### Choose a Payment Preference:

- The New Balance for each billing cycle shown on your billing statement.
- The Total Minimum Payment Due for each billing cycle shown on your billing statement.

**CREDIT CARD ACCOUNT # (Refer to your billing statement)**     -     -     -

Company name		
Street address		Ste.#
City	State	Zip

**INDIVIDUAL BILLING:** If you receive an individual bill for each card on the Company Account (Individual Billing), please choose one of the below options:

- Set-up Auto Payment for all Individual Cards associated with the Company Account.
- Set-up Auto Payment only for the Individual Card account listed above.

**Note:** All cardholders will receive a confirmation letter when Auto Pay is established on their individual card.

### DEBIT MY CHECKING ACCOUNT:

Enter the full account number, excluding any dashes.

Bank Routing #:  Account #:

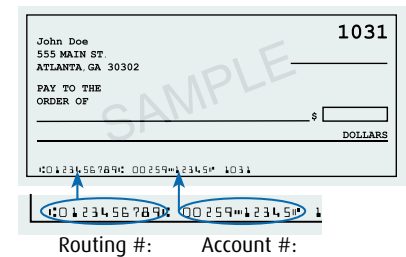
Financial Institution name

### OR DEBIT MY SAVINGS ACCOUNT:

Enter the full account number, excluding any dashes.

Bank Routing #:  Account #:

Financial Institution name



**TERMS AND CONDITIONS:** By signing below, you agree to the Terms and Conditions on the reverse of this form. Please print a copy of your Enrollment with the Terms and Conditions and retain for your records.

Primary Account Holder / Authorized Representative Name (PRINTED)

Primary Account Holder / Authorized Representative Name (SIGNATURE)

Date



## AUTOMATIC CREDIT CARD PAYMENT ENROLLMENT — PLEASE KEEP THIS FOR YOUR RECORDS

### TERMS AND CONDITIONS

#### Enrolling in the Program

By enrolling in the BMO Credit Card Automatic Payment Program (the "Program"), you authorize BMO Bank N.A. ("BMO", "we" or "us") to debit the bank account you designated (the "Designated Account") on the Form included with these Terms and Conditions each billing cycle for the purpose of automatically making payments on the BMO Bank Credit Card account ("Card Account") that you identified on the accompanying Form.

#### Making and Scheduling Payments

The amount of the debit will depend upon the payment preference you have selected on the Form. Your Auto Pay Amount debit will occur on the Payment Due Date of your billing statement ("**Auto Pay Debit Date**") or the next business day, if your Payment Due Date falls on a non-business day.

We will remind you with a statement message on your billing statement that Auto Pay is in effect and the date that an upcoming payment will be automatically debited. To receive confirmation of the debit transfer taking place, you may log onto your Card Account online through Business Credit Card Online Access at [bmo.com/businesscardsonline](https://bmo.com/businesscardsonline) or call Customer Service at the number on the back of your card.

We may reduce the amount of your Auto Pay payment ("**Auto Pay Amount**") when any unscheduled payments have been made after the closing date shown on your billing statement and prior to the scheduled Auto Pay Amount Debit Date. We will not debit your Designated Account in an amount that would cause your Card Account to have a credit balance. You can schedule up to one payment per month, and the amount of the payment cannot exceed your New Balance.

You must ensure that there are sufficient funds in the Designated Account on the Auto Pay Debit Date to pay the amount of the Auto Pay Amount. If any electronic payment is returned unpaid by your financial institution, for any reason, you may be charged fees based on the terms and conditions of the Cardholder Agreement and you will remain responsible for your payment obligations as provided in your Cardholder Agreement.

#### Stopping Payments or Canceling Your Participation in the Program

To stop an automated payment or terminate your participation in the Program, call Customer Service at the number on the back of your Card at least three business days prior to the scheduled Auto Pay Debit Date.

To stop an automated payment, to change the amount of future automated payments, or to terminate your participation in the Program, you may also write to us at the following address BMO Bank N.A., P.O. BOX 6101, Carol Stream, IL 60197-6101. We must receive any changes from you at least eight business days prior to the scheduled Auto Pay Debit Date.

#### Continuing Enrollment in the Program

Your Auto Pay Amount payments will continue until you cancel your enrollment.

#### Our Termination of the Program

We may discontinue the Program at any time and for any reason. We may discontinue your participation in the Program if any Auto Pay Amount payment is returned unpaid by your financial institution. We will notify you if we discontinue your participation in the Program. Regardless of whether you receive notice from us in advance of your next Payment Due Date, you are responsible for payments under the terms of your Cardholder Agreement.

#### Unauthorized Transfers

If you believe an unauthorized electronic fund transfer has been made, please contact us by calling the Customer Service number on the back of your card.

