



Automatic Payment Enrollment Form

ATIRAcREDIT Platinum Mastercard "Auto Pay Plan" allows you to set up your card for automatic monthly payments. You can choose to have your payments transferred from your checking or savings account.

The payments will be debited from your account on your payment due date each month thereafter. Your payment due date is always printed on your monthly Mastercard statement. That date is always around the middle of each month.

Three payment options are available. You can choose between the minimum payment due, the full statement balance, or a cardmember designated amount. If you prefer the cardmember designated amount, this amount must meet the minimum amount due.

With this service, you will continue to receive your monthly ATIRAcREDIT statement. Continue to make payments until your Auto Pay is in place, at which time you will receive a statement message on your monthly statement confirming activation. You can cancel at any time by notifying ATIRAcREDIT in writing. ATIRAcREDIT reserves the right to cancel the Auto Pay Plan at any time.

If a draft or automatic bank debit is not honored by the financial institution when presented, the account will be considered unpaid and delinquent. In this event, you will be notified by first class mail that the account is past due and an alternate payment method must be utilized. Fees will be assessed as per the cardholder agreement for any late payments or returned check charges.

Return the authorization form below with voided check to:

ATIRAcREDIT
P.O. Box 14542
Des Moines, IA 50306-3542

I hereby authorize TMG Financial Services Inc. d/b/a ATIRAcREDIT to make automatic payments for my ATIRAcREDIT Platinum Mastercard to be withdrawn from the account listed below:

Minimum Payment
 Full Statement Balance
 Cardmember Designated Amount \$ _____

Checking
 Savings

Cardholders Name: _____

Financial Institution: _____

Credit Card Account Number: _____

Checking/Savings Account Number: _____
(Second set of numbers on check)

ABA/Routing Number: _____
(First set of numbers on check - 9 digits in length)

I further authorize ATIRAcREDIT to make debit entries and adjustments to the account indicated below for credit entries that are made in error. I have enclosed a voided check for the checking account from which I would like my credit card payments to be made. I understand ATIRAcREDIT cannot process my request without this information.

Authorized Signature of Checking/Savings Account Holder

Date