First Citizens Bank Limited

CREDIT CARD STANDING ORDER PAYMENT FORM

First Citizens

Customer Name:_____ **Credit Card Number**: _____

Contact Info: Cell No: _____ Work No: _____ Home: _____ Email: _____

ACCOUNT INFORMATION – payment will be deducted from this First Citizens account:

Account Number:_____ Name on Account: _____

Account Type: □ Savings □ Chequing

PAYMENT AMOUNT:

□ Minimum Payment □ Full Payment □ Fixed Payment Amount $_____

Minimum Payment: as stated on the monthly credit card statement.

Full Payment: as stated on the monthly credit card statement.

Fixed Payment Amount: should be more than the minimum payment and will be applied whether or not there is an outstanding balance on the credit card account.

DATE STANDING ORDER PAYMENT WILL BE DEDUCTED: _____

Payments are stated on the monthly credit card statement and are due by the payment due date, which is typically the 30th of the same month (for VISA Tertiary), 2nd (for VISA Classic, Classic Corporate, Vacation Lifestyle MasterCard) or the 5th (for VISA Gold, Gold Business, Platinum, Signature) of the month after the month in which the statement is generated.

Payments can be made anytime after the statement date **but** before the payment due date.

Cardholder's Name (Printed): _____ **Cardholder's Signature:** _____

Date: _____

For Official Use Only

Signature Verified By: Print Name: _____ Signature: _____ Date: _____

Prepared By: Print Name: _____ Signature: _____ Date: _____

Approved By: Print Name: _____ Signature: _____ Date: _____