



FIFTH THIRD

Automatic Payments Authorization Form

Use this form to sign up for Automatic Payments or to make changes to your existing Automatic Payments service. Once you've completed the form, send it to us at Fifth Third Bank: 5050 Kingsley Drive, MD 1MOC3A. Cincinnati, Ohio 45263 or fax it to 513-358-8366. Automatic Payments makes payments automatically from your checking or savings account each month, free of charge. If you have questions or need help with your payment preferences, you can message us 24/7 through online banking at 53.com or our mobile app, or call us at 800-972-3030, Monday through Friday, 8 a.m. to 5 p.m., ET. Please continue to make payments as usual until you receive our set-up confirmation. To avoid double payments or late charges, you can call us at 800-972-3030 before your next payment due date (located on your monthly billing statement or in your original loan document) to confirm the status of your enrollment.

Terms and Conditions: <https://www.53.com/content/dam/fifth-third/docs/legal/auto-billpayer-terms-and-conditions.pdf>

Type of request: (Choose One)	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Update Existing Payments	<input type="checkbox"/> Source of Funds Change
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Customer Details			
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Customer Name:	Phone Number:
Street Address:	City, State, Zip Code:

Obligation Account to Pay (Pay to Account)
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<input type="checkbox"/> Credit Card Account
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Account #:	
Payment Amount: (Choose One)	<input type="checkbox"/> Statement Balance <input type="checkbox"/> Minimum Amount Due <input type="checkbox"/> Fixed Amount: \$ <input type="text"/>
Payment Date: (Choose One)	<input type="checkbox"/> Due Date <input type="checkbox"/> Choose Date: <input type="checkbox"/> Enter Date Manually _____ (Date must be between 1 st - 28 th of the month)

<input type="checkbox"/> Mortgage Loan Account
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Account #:	
Monthly Payment Amount: (Choose One)	<input type="checkbox"/> Monthly Payment Amount ¹ : \$ <input type="text"/> <input type="checkbox"/> Additional Principal Amount of \$ <input type="text"/> <input type="checkbox"/> Enter Date Manually _____ (Date must be between 1 st - 15 th of the month)

<input type="checkbox"/> Installment Loan (I/L) /Line of Credit (LOC) Account

Account #:	
Payment Amount: (Choose One)	<input type="checkbox"/> Monthly Payment Amount for the I/L or Monthly Amount Due for the Line of Credit ³ <input type="checkbox"/> Fixed Amount: \$ <input type="text"/> <input type="checkbox"/> Monthly Payment Plus Additional Principal Amount of ² \$ <input type="text"/>
Payment Date: (Choose One)	<input type="checkbox"/> Due Date <input type="checkbox"/> Choose Date: <input type="checkbox"/> Enter Date Manually _____ (Date must be between 1 st - 28 th of the month)

<input type="checkbox"/> Business/Commercial Loan Account

Account #:	
Payment Amount: (Choose One)	<input type="checkbox"/> Standard Amount <input type="checkbox"/> Other Amount (Must be more than standard) \$ <input type="text"/>

<input type="checkbox"/> Equipment Finance Account
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Account #:	
NOTE: The amount due for your Equipment Finance Loan Account will be deducted.	

IMPORTANT

¹This amount includes your Principal/interest and tax/insurance - if applicable
²If additional principal is selected and your account becomes delinquent, or you incur fees, please adjust your payment preferences accordingly, or make additional one-time payments, to cover the delinquent balance/fees. Subject to applicable law, Fifth Third reserves the right, at its sole discretion, to allocate payments in any order, including to past due amounts or fees, before any amounts are applied to unpaid principal.
³The Monthly Payment Amount for **Installment Loans** is your contractual monthly payment. This does not include past due amounts or fees. The Monthly Amount Due for **Lines of Credit** is your minimum payment as reflected on your statements.



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Bank Account to Debit (Pay From Account)	
Bank Name	
Routing Number	
Account Number	
Choose Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Important: Payments for Installment Loans and Equity/Flexline must be debited from Consumer/Personal Account Type.</i>	
<input type="checkbox"/> Personal/Consumer Personal/Consumer account must be held by Borrower , as all automatic payment notifications are sent to Borrower. I attest that I am an authorized signer on the Bank Account listed above. I hereby authorize the Company, as that term is defined in the automatic payment Terms and Conditions, to initiate debit entries, and if necessary, credit entries and adjustments, from my Bank Account referenced above to the Obligation Account, for the payment or settlement of Borrower's obligation. I understand and agree that the use of automatic payment is governed by the Auto BillPayer Terms and Conditions, as amended from time to time. <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature Date <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Name	<input type="checkbox"/> Business/Commercial/Equipment Finance I (We) hereby authorize the Company, as that term is defined in the Auto BillPayer Terms and Conditions, to initiate debit entries, and if necessary, credit entries and adjustments, from the Bank Account referenced above to the Obligation Account, for the payment or settlement of Borrower's obligation. I (We) understand and agree that the use of Auto BillPayer is governed by the Auto BillPayer Terms and Conditions, as amended from time to time, and that all Auto BillPayer notices will be delivered to the Borrower. Bank Account Owner: I certify that I am duly authorized by the company named below to execute and deliver this Auto BillPayer Authorization Form. <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Company Name <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature Date <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Name <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Title Borrower (if different from Bank Account Owner): I certify that I am duly authorized by the Company named below to execute and deliver this Auto BillPayer Authorization Form. <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Borrower Company Name (if applicable) <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Borrower Signature Date <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Borrower Name Title (if applicable)