

# CIBC FirstCaribbean Credit Card Auto-Payment Agreement

FirstCaribbean International Bank (herein referred to as "the Bank") is hereby authorized to debit my/our account as follows and credit my/our CIBC FirstCaribbean Credit Card account number

\_\_\_\_\_

Name \_\_\_\_\_

Effective Date \_\_\_\_\_ D / M / Y

Branch \_\_\_\_\_

Account Type \_\_\_\_\_

Account Number \_\_\_\_\_

Payment (please tick) Minimum Payment   
Full Statement Balance   
Fixed Amount \$ \_\_\_\_\_

Cancellation of or amendment to the above instructions must be given in writing to the Bank at least seven (7) business days prior to the next payment date.

Your associated payment account should bear sufficient funds on the day before the payment due date of your credit card.

The Bank is under no obligation to process a payment if there are insufficient funds in the account on payment date.

The Bank reserves the right to terminate the above instructions if there are insufficient funds in the account to process the payment on the payment date.

A service charge will be applied as a result of insufficient funds or in the event that the payment amount selected is insufficient to cover your minimum payment.

I hereby acknowledge receipt and understanding of a copy of the above agreement.

1. Authorized Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_ D / M / Y

2. Authorized Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_ D / M / Y

## FOR BANK USE ONLY Sanction (signature required)

Branch/Unit

Name of Officer \_\_\_\_\_ (Please print)

(prepared by):

Signature \_\_\_\_\_

Name of Manager/

Supervisor \_\_\_\_\_ (Please print)

(authorized by):

Signature \_\_\_\_\_

Please ensure all KYC requirement are adhered to including, but not limited to, signature verification.



FirstCaribbean  
International Bank

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