

CIBC FirstCaribbean Credit Card Auto-Payment Agreement

FirstCaribbean International Bank (herein referred to as "the Bank") is hereby authorised 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 \$ _____

 Current Card Balance

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. Authorised Name _____

Authorised Signature _____

Date _____ D / M / Y

2. Authorised Name _____

Authorised Signature _____

Date _____ D / M / Y

FOR BANK USE ONLY Sanction (signature required)

Branch/Unit _____
(please print)

Name of Officer _____
(prepared by): *(please print)*

(signature)

Name of Manager/Supervisor _____
(please print)

(authorised by): _____
(signature)

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



FirstCaribbean
International Bank

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