ANA CARD U.S.A.

AutoPay Sign-up Form

Yes! *On the monthly payment due date for my credit card account, I authorize the provider of my credit card account (InfiBank) to initiate debit entries that...*

☐***Deduct my minimum monthly payment from my account*** ☐***Deduct $_____ from my account each month**** ☐***Deduct my full payment from my account each month***

I've included a voided check form my ☐checking or ☐savings** account (check one).

Routing/Transit# _____ Account#_____

_____

First Name Last Name

_____ _____

Street Address Credit Card Account #

_____

City State Zip

*For your convenience, AutoPay will automatically deduct the minimum payment amount if it is larger than your selected monthly amount.
**Contact your financial institution to ensure that savings account debits are available.

I also authorize my credit card account provider to credit the same deposit account if adjustments are required to reverse or correct debit entries deducting funds from my deposit account.
I understand that my authorization will remain in effect until Cardholder Services, P. O. Box 3331, Omaha, NE 68172-9934 has received a written termination notice from me, and has a reasonable opportunity to act on my instructions.

-Detach and mail with your voided check to:
Auto Pay Department
P.O.Box 3331
Omaha, NE 68172-9934

X _____
Cardholder's signature

"Attach your voided check here"

ANA CARD U.S.A.

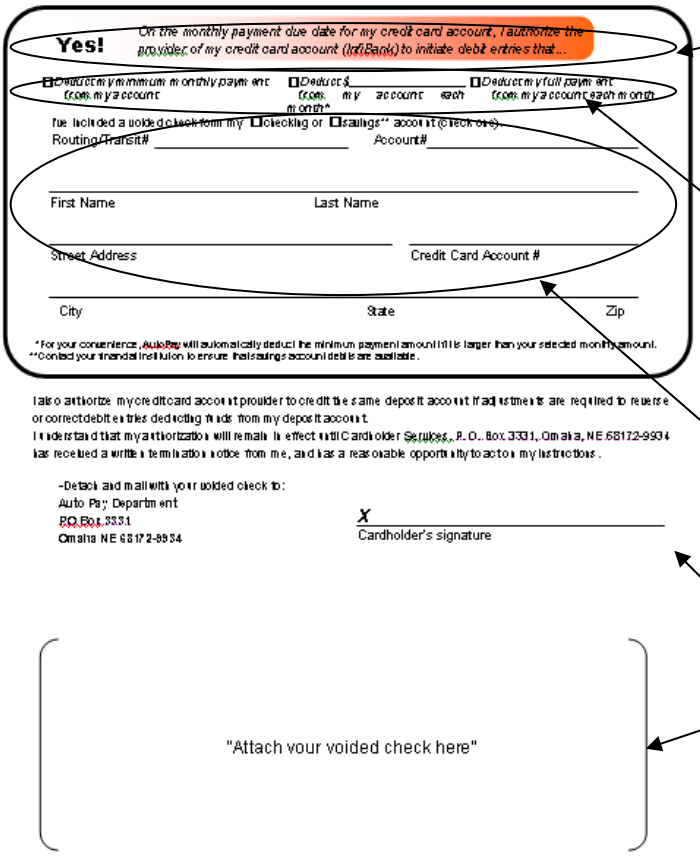
*AutoPay Sign-up Form*に関する注意事項、及び記入方法

【注意事項】

1. この書類は、カードのご利用に対するご請求金額を、お客様の銀行口座からの自動引落によりお支払いただく方法のご登録用紙です。毎月のお支払手続や切手が不要な大変便利なサービスですので、ご登録をお勧めいたします。
2. 下部の“Attach your voided check here” に、引落口座の無効小切手を1枚貼付してください。
   ＊無効小切手とは、小切手の表面に**“VOID”**とご記入いただき、その小切手番号は無効となるものです。 引落口座の情報確認のために必ず必要となります。
3. 手続きが完了しますと当カード発行銀行（InfiBank/CardmemberServices）より登録完了の通知が郵送されます。AutoPayの手続が完了し、実際に自動引落が始まるまでにお時間がかかる可能性がございます。次回の明細書が届いた時点で、通知が未着の場合はサービスセンターまで確認のお電話をいただきますよう、お願いいたします。その時点でまだ手続が未完の場合には、自動引落が開始されるまでの間、小切手郵送のお支払手続をお願いすることがございますのでご了承ください。
4. 引落日は毎月の明細書上に設定されている支払期日(Payment Due Date)当日です。

返送先：(Mail to)　：Auto Pay Department
P.O.Box 3331
Omaha, NE 68172-9934

ファックス送信先：**402-938-5212**


Yes! On the monthly payment due date for my credit card account, I authorize the provider of my credit card account (InfiBank) to initiate debit entries that...

☐Deduct my minimum monthly payment from my account ☐Deduct $_____ from my account each month* ☐Deduct my full payment from my account each month

I've included a voided check from my ☐checking or ☐savings** account (check one).

Routing/Transit# _____ Account# _____

First Name Last Name

Street Address Credit Card Account #

City State Zip

* For your convenience, AutoPay will automatically deduct the minimum payment amount until it is larger than your selected monthly amount.
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Omaha NE 68172-9934

X _____
Cardholder's signature

"Attach your voided check here"

【記入方法】

1. **毎月の自動引落金額を指定してください。**（左より）
   ☐月々の明細書上の最低支払金額
   ☐毎月定額（金額を記入してください。）
   ☐月々の明細書上の請求金額全額
2. **銀行口座情報を記入してください。**
   ☐Checking:普通預金口座　☐Saving:貯蓄預金口座
   ●Routing/Transit#: 金融機関ルーティング番号
   （小切手の左下にある9桁の番号です。）
   ●Account#: 銀行の預金口座番号
3. **名前と住所を記入してください。**
   ●Credit Card Account#: カード受領後にカード番号をご記入の上、お申込ください。
4. **ご署名ください。**
5. **無効小切手を貼付してください。**