



FIFTH THIRD BANK
Auto BillPayer® Authorization Form

Use this form to sign up for Auto BillPayer® or to make changes to your existing Auto BillPayer 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.

Auto BillPayer 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.

Auto BillPayer Terms and Conditions: 53.com/content/dam/fifth-third/docs/legal/auto-billpayer-terms-and-conditions.pdf

New Auto BillPayer Enrollment	Change to Existing Auto BillPayer Enrollment
Borrower/Customer Name	Phone Number
Street Address	City, State, Postal Code
Obligation Account to Pay (Pay to Account)	
Mortgage Loan	Credit Card*
Account Number: <input type="text"/> Payment Amount (Choose One) <input type="radio"/> Standard Amount <input type="radio"/> Other Amount: \$ <input type="text"/> (Must be more than standard) Payment Date: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Account Number: <input type="text"/> Payment Amount (Choose One) <input type="radio"/> Statement Balance <input type="radio"/> Minimum Payment Due <input type="radio"/> Fixed Amount: \$ <input type="text"/> Payment Date: <input type="radio"/> Due Date: <input type="radio"/> Choose Date: *Please continue to make payments until after your first statement cycle.
Installment Loan Account	Line of Credit Account**
Account Number: <input type="text"/> Payment Amount (Choose One) <input type="radio"/> Monthly Payment Amount** <input type="radio"/> Fixed Amount: \$ <input type="text"/> <input type="radio"/> Additional Principal:*** \$ <input type="text"/> Payment Date: <input type="radio"/> Due Date: <input type="radio"/> Choose Date: **The Monthly Payment Amount is your contractual monthly payment. This does not include past due amounts or fees. ***If 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.	Account Number: <input type="text"/> Payment Amount (Choose One) <input type="radio"/> Monthly Amount Due**** <input type="radio"/> Fixed Amount: \$ <input type="text"/> <input type="radio"/> Additional Principal:*** \$ <input type="text"/> Payment Date: <input type="radio"/> Due Date: <input type="radio"/> Choose Date: **Please continue to make payments until you see a message on your statement confirming automatic payment. ***If 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. ****The Monthly Amount Due for Lines of Credit is your minimum payment as reflected on your statements.
Commercial Loan	Equipment Finance Account
Account Number: <input type="text"/> Payment Amount (Choose One) <input type="radio"/> Standard Amount <input type="radio"/> Other Amount: \$ <input type="text"/> (Must be more than standard)	Account Number: <input type="text"/> (The amount due will be deducted)



Bank Account to Debit ("Pay From" Account)

Bank Name	
Account Number	
Routing Number	
Choose Debit Account Type	Checking Savings Payments for Installment Loans and Equity/Flexline must be debited from Consumer/Personal Account Type.

Payments for Installment Loans and Equity/Flexline must be debited from Consumer/Personal Account Type.

Personal/Consumer

Personal/Consumer account **must be held by Borrower**, as all Auto BillPayer 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 Auto BillPayer 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 Auto BillPayer is governed by the Auto BillPayer Terms and Conditions, as amended from time to time, and that I have reviewed the Auto BillPayer Terms and Conditions.

Signature _____ Date _____

Print Name _____

Business/Commercial

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 I have reviewed the Auto BillPayer Terms and Conditions, 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.

Company Name _____

Signature _____ Date _____

Print Name _____

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.

Borrower Company Name _____
(if applicable)

Borrower Signature _____ Date _____

Print Borrower Name _____

Title _____
(if applicable)