

Yes. Please sign me up for AutoPay.

YOUR ADDRESS AS IT APPEARS ON YOUR CITI FLEX LINE STATEMENT:

First Name:

Last Name:

Street Address:

Apt./Suite:

City:

State:

Zip Code:

YOUR CITI FLEX LINE ACCOUNT NUMBER

Account Number:

CHOOSE YOUR PAYMENT OPTION:

I'd like to pay the total amount due each month.

OR

I'd like to pay this amount each month: \$ _____

(Please select an amount greater than \$20.00 that meets or exceeds the typical total payment due shown on your statement each month. If this amount is less than the total payment due any month, you will need to send an additional payment for the difference to avoid any late fees.)

TERMS & CONDITIONS

You must return the complete, signed AutoPay enrollment form for at least the total amount due, together with a voided check from your checking/money market or savings account. We must verify your deposit account is open and eligible for automatic payments. We may change or cancel this program at any time. We will notify you if we do so.

I authorize my Citi[®] Flex Line of Credit account issuer to initiate an electronic payment.

SIGNATURE

DATE

CFAPOLN 0509

REMEMBER to attach a voided check from your checking/money market or savings account and mail this completed enrollment form to:

Customer Service
Attn: AutoPay Dept.
PO Box 6107
Sioux Falls, SD
57117-6107

If you'd like assistance with signing up for AutoPay via phone, please call 1-866-938-7563.