Groundwork

CREDIT CARD AUTOPAY ENROLLMENT REQUEST FORM

Cardholder Information :

Name (as it appears on the credit card) : _____

Credit Card Number (full 16 digits) : _____ _____ _____ _____

Primary Phone : _____

Email Address : _____

Payment Source Account Information :

I authorize Groundwork Card/MRV Banks to automatically deduct my credit card payments from the following account:

Bank/Credit Union Name : _____

Routing Number : _____

Account Number : _____

Account type : ☐ Checking ☐ Savings ☐ Business Checking

Initiate Automatic Payment on (start date) MM/DD/YYYY : ____/____/_____

Automatic Payment Options :

Please select one (☑) :

☐ Minimum Payment Due :

The minimum amount due on each billing statement will be automatically deducted.

☐ Statement Balance :

The last statement full balance will be automatically deducted each month.

☐ Fixed Amount : $ _____

A fixed amount will be automatically deducted each month. This must be at least the minimum payment due. If the fixed amount is lower than the Minimum Payment Due as billed on last statement, then the Minimum Payment Due will be drafted as automatic payment to keep account current.

Authorization & Agreement :

I authorize my Bank/Credit Union (entered above) to initiate a recurring ACH/Electronic debit to my account in the amount selected above from my Checking/Savings, at Bank/Credit Union (entered above).

This will begin to occur on the statement payment due date noted in the Terms and Conditions. I understand that this authorization will remain in effect until I cancel the automatic payment enrollment.

I agree that ACH transactions I authorize comply with all applicable laws. To complete the automatic payment enrollment request, sign below.

Cardholder Signature:	Date:

By authorizing the enrollment in automatic payments, you have reviewed and agreed to the Automatic Payment Terms & Conditions on the next page.

Automatic Payment Terms & Conditions :

By signing above, I authorize Groundwork Card/MRV Banks to initiate automatic monthly payments to my credit card from the account listed above. I understand that:

- Request to cancel enrollment in automatic payments must be received before 5pm Central Time at least 24 hours before the Payment Due Date. I may cancel recurring automatic payments by sending written request to:

  Groundwork Card
  Attention: Automatic Payments
  PO BOX 118888 Carrollton, TX 75011-8888

  Or by contacting Groundwork Card at 866-614-0322 before 5pm Central Time at least 24 hours before the automatic Payment Due Date.

  I may cancel enrollment in automatic payments online at portal.groundworkcard.com, by selecting 'Make A Payment' menu option, and selecting 'Unenroll' under Automatic Payments.

- Automatic Payments will be applied to credit card account on the Statement Payment Due Date each month (the date may vary if it falls on a weekend or a holiday).

- I must ensure that there are sufficient available funds in the payment source account to cover the automatic payment beginning a few days before the Payment Due Date (ACH Draft Date) and keep such funds available until the automatic payment is deducted from my payment source account. Otherwise, my credit card account may be charged an overdraft or returned item fee. Other fees also may apply.

- Payments returned due to insufficient funds may result in late fees and/or returned payment fees.

- Only one automatic payment can be applied to account within a 24-hour period.

- Automatic Payments cannot be made for any amount greater than $99,999.99.

- Automatic Payments cannot exceed the current balance on account, less any amount currently in dispute.

Special Instructions

You can visit our account portal at **https://portal.groundworkcard.com** to easily pay your credit card bill online or enroll in automatic recurring payments. Please return completed and signed form for us to process your automatic payment enrollment request to: support@groundworkcard.com or

If you prefer to send via mail, please mail to:

Groundwork Card/Visa
Automatic Payment Enrollment
PO BOX 118888
Carrollton TX 75011-8888

For Office Use Only

Date Received : _____

Date Processed : _____

Employee Initials : _____

Autopay Start Date : _____