

U.S. Bank AutoPay – Commercial Central Pay Managing Account Autopay Form



Form Instructions

- Section 1** **Account Information**
New setup is pre-filled
- Section 2** **Company Information**
- Section 3** **Take Payment from One of the Following Accounts**
Please fill in a checking or savings account. (Note: Routing number must be exactly 9 digits including zeros.)
- Section 4** **Transfer Payment to Destination** - USB will fill this out for you, no need to enter
- Section 5** **Select Payment Date**
- Section 6** **Disputed Payment Option**
- Section 7** **Confirmation of Payment Setup**
Please check the box to confirm.
- Section 8** **Terms and Conditions**
Once you have read the Terms and Conditions please print your Name, the Company Name, then esign the form. To esign click on the signature box. At the top of the dialog box click on sign in as and choose new ID from the drop down. On the next box select "a new digital ID..." Then click on "New PKCS#12..." On the next page enter your appropriate information once complete click "next". On the next page choose a password, confirm and then click "finish". Once you are done click sign and save this document to your desktop for your records.
- Submission** Please include with submission of Implementation Guide or to a CPS representative

U.S. Bank AutoPay- Commercial Central Pay Managing Account Autopay Form



Section 1: Account Information

Please check one: ☐ Set Up ☐ Change ☐ Cancel

Section 2: Company Information

Company Name

Company Address

Company City, State, Zip

Contact Name

Contact Phone

Company Email

Section 3: Take Payment from One of the Following Accounts

Payment Type	Financial Institution Name	Routing/Transit Number (9 digits)	Account Number (maximum 14 digits)

Section 4: Transfer Payment to Destination

U.S. Bank Card/Account Number

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☐ List attached Cycle Date

Section 5: Select Payment Date

- ☐ Payment posted _____ days after your billing cycle. (Choose 1 to 14 calendar days after cycle. If the payment day falls on a weekend or holiday, the payment will post to your account on the next business day.) ***BEST PRACTICE IS 10 DAYS**
- ☐ Payment posted daily. **Business Days (Excluding weekends and holidays.)

Section 6: Disputed Payment Option

- ☐ Include disputed amounts in AutoPay payments. **Best Practice Method**
- ☐ Do not include disputed amounts in AutoPay payments.

Section 7: Confirmation of Payment Set Up

You may also need to provide information to your financial institution before they will allow U.S. Bank to withdraw funds from your account. This will allow your financial institution to identify incoming requests from U.S. Bank as legitimate withdrawals.

- ☐ **My banking representative is aware that TR Number: 04200001/Customer Number: 1411558798 is allowed to automatically withdraw funds from the account listed above.**

Your Account Coordinator will confirm your setup. Until then, please continue to pay your monthly balance. After your setup is complete, the AutoPay payment amount(s) and date(s) will be clearly indicated on your statement.

Section 8: Terms and Conditions

- Payments can be made from a checking or savings account from most financial institutions in the United States.
- A message will be printed on your commercial card statement every month to confirm the date and amount of the automatic payment on your account for the balance due.
- If there are non-sufficient funds (NSF) in the account on the day of payment, U.S. Bank will apply a \$15.00 fee per NSF transaction if payment is not completed for the entire balance due after being presented two times.
- This authority will remain in effect until you notify U.S. Bank in writing to cancel it, allowing U.S. Bank reasonable time to act.
- Except where a loss is caused due to negligence or a willful act or omission by U.S. Bank or its employees, U.S. Bank is not liable for any loss due to fraud, embezzlement, or errors by you or your employees relating to establishment of an Autopay process.
- U.S. Bank reserves the right to cancel the Autopay setup at any time due to returned payments.

By signing below, you authorize the creditor and issuer of the commercial card account, U.S. Bank National Association, to initiate automatic payments from the designated checking or savings account to make payments to your account. Your signature also indicates your agreement to the terms and conditions listed above.

Name (Please Print)

Company Name

Signature

Date

Due to sensitive information on the form, please return this Managing Account Form via secure method to: Your Corporate Payment System Representative (Remit to Client Setup & Maintenance).

U.S. Bank to complete:

Company Name

Agent Number