



Please supply all information requested on this form. We may decline to process incomplete requests. The completed form must be signed and dated by the Business' owner or authorized representative. For most businesses, this will be the individual who signed the Business' application for a Visa Business Credit Card Account. If you have any questions about who should sign this request, please contact us at the toll-free number shown below.

Name of Business _____

Business' Visa Credit Card Account # _____

Business' Mailing Address _____

City: _____ State: _____ Zip _____

Business' Deposit Account to be debited monthly for payments:

Name of Depository Bank _____

City: _____ State: _____ Zip _____

Business' Checking/Savings Account # at Bank _____

Bank's Routing Number _____

Account Number for each Visa Business Credit Cardholder Account to be paid by ACH debits:

_____ # _____
_____ # _____
_____ # _____
_____ # _____

To change, cancel or inquire about this authorization, email BcBusinessAccount.us@bbva.com.

Amounts reflected on periodic account statement(s) to be paid monthly by ACH debits:

New Balance in Full Minimum Payment Due

By signing below, the Owner/Authorized Representative: (a) Certifies that he/she is authorized to act for the Business on the Account designated above; and (b) requests and authorizes BBVA USA to automatically debit the amounts indicated above (either New Balance in Full or Minimum Payment Due) from the Business' checking or savings account identified above (the "Deposit Account") to pay each Cardholder Account identified above in accordance with the following terms and conditions.. BBVA USA will make each automatic debit of a scheduled payment on each Cardholder Account (each an "Auto-Debit") from the Business' Deposit Account on the due date for that scheduled payment. If a payment due date falls on a holiday or weekend, the Auto- Debit will be made on the last business day preceding the payment due date. These Auto-Debits will continue until the Business revokes this authorization, the Business' Deposit Account is closed (either by the Business or BBVA USA), or BBVA USA terminates the Auto-Debits. The Business' authorization for these Auto-Debits does not affect the Business' obligation to assure that each payment on each Cardholder Account is made in full and on time each month. If BBVA USA is unable to deduct any monthly payment on any Cardholder Account because the funds in the Business' Deposit Account are insufficient or frozen, the Business' Deposit Account has been closed, or for any other reason, the Business remains liable for all payments due as provided in the BBVA USA Visa Business Card Master Agreement. If there are insufficient funds in the Business' Deposit Account at the time of any attempted Auto-Debit, BBVA USA may attempt the Auto-Debit from the Business' Deposit Account at any later date, but has no obligation to do so. Any payments the Business may make on any Cardholder Account in addition to those made through Auto-Debits will not affect or suspend the Auto-Debits the Business has authorized.

Signature of Owner/Authorized Representative: _____

Printed _____ Phone Number _____

Title _____ Date _____

Valued Business Client: Please submit this form via the following methods:

Fax Number
205-524-4010

By Mail
BBVA USA
P.O Box 10008
Birmingham Al 35202-0008

Customer Service
Please call 1-844-BBVA USA for assistance with your
BBVA Visa Business Credit Card Amount

All BBVA Employees please submit this form in Client Vista

Please keep a copy for your records, and allow up to 40 business days from our receipt of the completed form for the requested debits to begin.