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### AUTOMATED RECURRING PAYMENT (ARP) AGREEMENT

I, \_\_\_\_\_, hereby authorize CAG Acceptance LLC (the "Merchant") to charge my Credit Card OR ACH my savings or checking account as listed as follows:

Please set this to match my contractual loan agreement. (default if neither option is checked)

Other (will require pre-approval from CAG Representative): \$ \_\_\_\_\_

Reason for other than amount contracted: \_\_\_\_\_

CAG Account # \_\_\_\_\_

Date of First Charge: \_\_\_\_/\_\_\_\_/\_\_\_\_ (this will default to next pmt due after receipt if not filled in)

CREDIT CARD OR DEBIT CARD

Name on the Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVV: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

ACH       CHECKING OR  SAVINGS

ABA Routing #: \_\_\_\_\_

Account number: \_\_\_\_\_

Bank name: \_\_\_\_\_

### TERMS AND CONDITIONS OF AGREEMENT

I understand that the payment processing vendor used by CAG Acceptance charges a transaction fee for each transaction. At this time, that transaction fee is \$3.00, but that this amount is subject to change and that CAG Acceptance will make effort to notify me of any change to the transaction fee.

I represent that the above credit card/account will have the necessary funds for the authorized transactions. In the event that the transaction is declined (for whatever reason), or an authorized credit/debit card is disputed or a chargeback, a return item fee of \$25.00 will be assessed. A second transaction decline within a sixty (60) day period will result in cancellation of this agreement, and other form of payment may be required on my account. I understand that I am financially responsible for returned items and the Merchant may start formal collection if payment balance is not paid after 45 days.

\*You have authorized CAG Acceptance LLC, and your financial institution to initiate the transaction detailed below. You have acknowledged that the origination of debit or credit transactions to your account must comply with the provisions of local laws. This authorization is to remain in full force and effect until CAG Acceptance LLC, has received written notification from you of its termination in such time and manner as to afford CAG Acceptance LLC, and your financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date