



**AUTOMATED RECURRING PAYMENT AGREEMENT (ARP)**

*Print legibly; any illegible information will adversely affect the setup of this agreement.*

I, \_\_\_\_\_, CAG Account # \_\_\_\_\_,

Hereby authorize CAG Acceptance LLC (merchant) to charge my debit/credit card or ACH my checking or savings account as listed below:

- Recurring payments to match my contractual loan agreement. (Default, if options left blank)
- Other (will require pre-approval from CAG Representative): \_\_\_\_\_

Date of First Charge: \_\_\_\_\_ (If blank, will default to next payment due)

VISA    MASTERCARD    DISCOVER    AMEX

<b>Credit Card # :</b>
<b>Exp. Date:</b> _____ <b>CVV:</b> _____
<b>Name on Credit Card:</b>
<b>Billing Address:</b>

ACH    CHECKING    SAVINGS

<b>ABA Routing #:</b>
<b>Account # :</b>
<b>Bank Name:</b>

**Terms and Conditions**

I understand that the payment processing vendor used by CAG Acceptance, LLC charges a \$3.00 transaction fee for each transaction they process. The transaction fee amount is subject to change and CAG Acceptance LLC 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 regardless of reason, a return item fee of \$25.00 will be assessed to your account. 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 procedures if the balance is not paid within 60 days.

You have authorized CAG Acceptance LLC and your financial institution to initiate the transaction detailed above. You have acknowledged that the origination of debit or credit transactions to your account must comply with the provisions of local, state and federal laws. This authorization is to remain in full 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.

\_\_\_\_\_  
**Print**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**