

P.O. BOX 40488
MESA, AZ 85274-0488
WWW.CAGLOAN.COM



(480) 945-0271
(800) 689-2444
FAX (480) 425-2570

DATE: _____

I, _____ authorize
FULL NAME RELATIONSHIP

_____ to use my financial information to make payments to
CUSTOMER NAME

CAG Acceptance and its affiliates on loan # _____, payment amount \$ _____.
LOAN # PMT AMT

BANK ACCOUNT

Circle: CHECKING SAVINGS

Routing # _____ Account # _____

OR:

CREDIT/DEBIT:

Card Type (circle): DEBIT VISA MASTERCARD DISCOVER

_____ CVV CODE _____
CARD NUMBER

_____/_____/_____
EXPIRATION DATE

ACCOUNT HOLDER'S ADDRESS: _____

_____ CITY STATE ZIP

INITIAL ONE: (if none chosen, will default to remaining in effect until revoked in writing)

____ This authorization shall remain in effect throughout the remainder of the term of this loan or until revoked in writing.

_____ This authorization is for one-time payment only.

ACCOUNT HOLDER SIGNATURE

DATE

CUSTOMER SIGNATURE

DATE