



Date: _____.

Customer name: _____.

Customer Account: _____.

3rd Party Payment Authorization

Name of authorized account holder: _____
PLEASE PRINT

Credit card number:	EXP:	CVV:
Or Checking account routing:		
Checking account number:		
Amount authorized:	Payment Date:	
Account holder address:		

I hereby certify that I am providing my financial information to CAG Acceptance, LLC, for the sole purpose of making a payment to the above account number. This authorization is for a one-time payment only. This form will need to be renewed each time a payment is made, unless accompanied by a signed automatic recurring payment form provided by CAG Acceptance, LLC.

I understand that I am responsible for ensuring adequate funds are available at the time of processing and agree to hold CAG Acceptance, LLC harmless for any fees associated with this transaction.

Authorized account holder signature:	Date:
Customer signature:	Date:
CAG Authorization:	Date:

Authorizing account holder must attach copy of valid photo ID and copy of front and back of any debit/credit card provided.