

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(MONTHLY PAYMENT)
(ACH DEBITS)

COMPANY

NAME: CAC Acceptance Corporation

CLIENT NUMBER: _____

I (we) hereby authorize CAC Acceptance Corporation, hereinafter called COMPANY, to initiate debit entries to my/our checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY INFORMATION

DEPOSITORY NAME:		BRANCH:	
CITY:		STATE:	ZIP:
ROUTING NUMBER:		ACCOUNT NUMBER::	

DEDUCTION INFORMATION

MONTHLY DEDUCTION AMOUNT:	DEDUCTION DATE:

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NOTE: UPDATED AUTHORIZATION FORM MUST BE PROVIDED FOR EACH SUBSEQUENT ACCOUNT OR POLICY RENEWAL

	PRINTED NAME:
DATE:	SIGNED:
DATE:	SIGNED:
	<i>(If two signatures required)</i>

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLACE VOIDED CHECK HERE.

FAX FORM TO (800)486-1049

OR

EMAIL FORM TO INFO@CACACCEPTANCECORP.COM