

**AUTHORIZATION AGREEMENT FOR  
MONTHLY CREDIT/DEBIT CARD PAYMENTS**

**Customer Name:** \_\_\_\_\_

**CAC Account Number / Policy Number:** \_\_\_\_\_

I (we) hereby authorize **CENTRAL ACCEPTANCE COMPANY**, hereinafter called **COMPANY**, to initiate debit entries to my (our) credit/debit card account indicated below.

**Card Type (circle one):** MASTERCARD / VISA / AMERICAN EXPRESS

**Card Number:** \_\_\_\_\_

**Name On Card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Issuing Bank:** \_\_\_\_\_

**The full payment will be deducted each month on the due date stated on your finance agreement, which is calculated by the effective date of the policy and the amount of the down payment. Only the 1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup> or 25<sup>th</sup> are acceptable payment dates.**

This authorization is to remain in full force until Company has received written notification from me (us) of its termination. Any such notification of termination must be received by the Company no less than three (3) days prior to the next premium due date.

This arrangement does not change the premium due dates specified in the finance agreement and it does not extend any of the grace periods for paying these premiums. The policy or policies will be placed in cancellation status if the premium remains unpaid by the dates specified in the finance agreement. This could occur if the remaining credit is not sufficient to cover the debit amount. If the original transaction is declined, **COMPANY** will attempt **ONE** more authorization. If no authorization is received after two attempts by the Company, you will be sent notice by regular mail that the account is being placed in cancellation status and that other payment arrangements must be made.

Company may stop this arrangement by written notice to you by regular mail. The date of termination is effective upon the date of the mailing.

Upon termination of this agreement, you will be responsible for any balances which remain unpaid on your CAC account.

I represent unto the Company that, if the card has not been issued in my name, I am an authorized user of it. I also represent that I have read the authorization agreement set forth above and that I understand the provisions set forth within.

**Name:** \_\_\_\_\_

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

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

**Email Address:** \_\_\_\_\_