

CDI Affiliated Services, Inc./CBP Affiliated Services

Instructions for Auto Pay Authorization Agreement

Please use these instructions to complete the CDI/CBP Auto Pay Authorization Form. Please complete all fields listed on the form. If a specific field is not applicable, please enter N/A. Please make sure that the form is signed and dated by the cardholder.

If the cardholder is not responsible for the CDI/CBP account, a valid Power of Attorney or a CDI/CBP Third Party Consent Form must be completed, signed and submitted to CDI/CBP by the responsible party. Without one of these documents, the Auto Pay Authorization will not be honored.

CDI/CBP Information:

Enter the information on individual with CDI/CBP Account(s) (Consumer): Enter the name of the responsible party and their contact and identifying information.

Payment Information:

Please check the payment intention: If you want the payment to be over a period of time, check the re-occurring option.

Payment to begin on: Please list the date of the first payment.

Payment amount: Enter the payment amount that you wish to pay.

Pmt. Frequency: Enter how often to you wish to pay. For example, if you wish to pay monthly, please enter monthly; twice each month, please enter the dates that you would like to have us draw funds (5th and 19th). If you enter monthly, unless otherwise directed by the cardholder, the payment will be withdrawn on the same date each month as indicated in "Payment to Begin" date. If the cardholder has any special instructions, submit an attachment containing the special payment instructions. (For example: Please withdraw funds on the last Thursday of the month). Special instructions submitted must be signed and dated by the cardholder. Please note: If a withdraw date falls on bank holidays or weekends, the funds may be drawn on the next business day.

Accounts included in the Auto Pay Program: If there are more than one active account, please list which accounts you are setting up on this program. If you wish to include all active accounts, please enter "ALL".

Source of Payment:

Please complete the source of payment section as listed.

If you have questions about any of the fields on the form, please call the appropriate toll free number listed below.

The cardholder MUST include a contact telephone and email address on the authorization form. Auto Pay Agreements submitted without valid phone and email addresses information will not be honored.

This is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

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CDI/CBP Account Information:

Name on CDI/CBP Account: _____ Phone: _____
Address: _____
Previous Address: _____
Date of Birth: _____ Last 4 digits of SSN: _____

Payment Information:

Please indicate your payment intention. One time payment: _____ Re-occurring payment: _____

Account balance _____ as of _____ (Please enter a valid date)*.

Payment to Begin on: _____ Payment Amt.: _____ Pmt. Freq: (Monthly, etc.) _____

Account(s) included in this Auto Pay Program (if all active accounts, please enter "ALL"): _____

*Balance will be the date of the letter, otherwise, please call our representatives at the number listed below.

Source of Payment:

Type of Payment: Visa _____, MasterCard _____, Discover _____, Electronic Check _____,

Payment Source Acct.#: _____ If Electronic Check, Routing #: _____

Expiration Date: _____ Security Code: _____ If Debit Card, Financial Institution: _____

Cardholder Name: _____

Cardholder Address: _____ City: _____, St: _____ Zip _____

Cardholder Phone: _____ E-mail Address: _____

Please note: This auto pay authorization agreement includes only the accounts that are listed on this document by the cardholder. Any other accounts that CDI/CBP may have or may be assigned in the future will not be credited with any payments from this agreement. If CDI/CBP receives additional accounts from its clients, our representatives will contact the individual responsible for the new accounts. If the person responsible for the new accounts wishes to add the new accounts to the Auto Pay program, then a new completed authorization agreement will be required before payments will be applied to the those new accounts.

You will receive a notice from CDI/CBP prior to the date of each scheduled payment. The notice will contain the date and amount of the scheduled payment. The notice may be sent to you by mail, email or text.

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Auto Pay Authorization Agreement (continued)

I am the cardholder listed earlier in this document. I have the authority to grant permission for CDI/CBP to charge my credit card or debit my bank account, and apply the funds obtained to the balance of the CDI/CBP account(s), that I listed above. CDI/CBP has my permission to charge or debit my account with the amounts and in the intervals provided by me until the associated CDI/CBP account balance(s) is paid in full. If at any time CDI/CBP's authorized charge or debit to my account is declined for any reason, CDI/CBP may add an additional fee of \$5 on their next charge or debit attempt. If a consecutive decline or charge or debit occurs, the CDI/CBP account(s) will no longer be eligible for this payment agreement. I understand that the CDI/CBP account(s) may be subject to interest charges and/or other fees as allowed under the law. I agree to pay all of those interest charges and applicable fees under this agreement. I understand that accrued interest and allowed fees will be added to the principal balance of the CDI/CBP account(s). I understand that a portion of each of my payments may be applied to interest charges and fees and that the reduction of the account(s) principal balance may be less than the amount of each charge or debit. I understand that I can contact CDI/CBP at the telephone numbers listed below during regular business hours to obtain the current balance and other previous payment information on these account(s).

I acknowledge that I can withdraw my permission for future payments if I send notification in writing to CDI/CBP within 5 days of the next scheduled payment.

With regards to contacting me about authorized payments, I give CDI/CBP permission to contact me by telephone, including wireless telephone numbers, which may result in telephone charges to me. CDI/CBP can also contact me by sending text messages or emails, using the phone, if applicable, and/or the email address listed earlier in this document. Methods of contact may include using pre-recorded/artificial voice messages and/or the use of an automated dialing device. If I am responsible for the CDI/CBP account(s) being paid under this agreement, CDI/CBP's permission to contact me as listed above is expanded to all efforts when servicing any or all of my CDI/CBP account(s).

Cardholder Signature: _____ Date: _____

Printed: _____

Please retain a copy of this completed document for your records.

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