



**CREDIT
CONCEPTS** Inc.

220 West 7th Avenue - Eugene, OR 97401

Loan # _____

Pay Off Date: _____

Pay Off Amt: \$ _____

+ \$7.00 fee= _____

This is your authorization to take my last payment from my debit/credit card this month for the payoff of my contract. This is a onetime transaction that I am authorizing Credit Concepts Inc, to take on _____ (date) with my card ending in # _____ (last 4).

I understand there will be a \$7.00 charge for this onetime debit transaction. If the payment does get rejected I am aware there will be a \$25.00 fee for any charge backs. _____ (intials).

Please make a copy of this agreement for your records and send the original to Credit Concepts, Inc.

I understand that for this transaction to go through I must sign this agreement first and send it in to Credit Concepts. I also understand that the card must me in my name not a third party. I understand that I must make the payment on the date of this agreement.

Payment can be refused if form and payment are not with in the same day as the date above.

Date: _____

Print Name

Signature

DO NOT write your complete card info on this form please.