

CMG ELECTRONIC MONITORING

**C.M.G. TRAC
ELECTRONIC MONITORING**

PO BOX 1274
WILDOMAR CA 92595
866-940-8722

Recurring Payment Authorization Form

The cardholder named below hereby authorizes Lessor, without limitation, to charge the credit card listed for all charges, rents and fees associated with the forgoing Lease. Cardholder and/or Lessee agree and acknowledge that all charges and fees shall be non-refundable, are not prorated, and waives his/her right to protest the charges made hereunder through his/her Credit Card Company. Recurring charges will be charged on the 15th day of each month or last business day before the 15th, unless Lessee/Agency notifies Lessor in writing beforehand. In the event the Lessee/Agency pays by Cash or Cashier's check, payment must be received on or before the 15th of the month for each succeeding month.

Please complete the information below:

I _____ authorize **C.M.G. TRAC** to charge my credit card
(full name)

indicated below for **monthly monitoring and/or other occurred cost** on the **15th** of each **month** for payment of mine or _____ monitoring cost.
(Enrollee's name)

Address _____

Phone# _____

City, State, Zip _____

Email _____

BILLING ADDRESS

Name _____

Street Address _____

City _____

State/Zip code _____

CREDIT CARD

Visa

MasterCard

Amex

Discover

Cardholder Name _____

Card Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **CMG Trac** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **CMG Trac** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$50.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

CMG ELECTRONIC MONITORING

Indemnitor Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

SSN or Gov't ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Relationship to Enrollee: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Job Information

Company: _____ Position: _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Start Date: _____ Salary: \$ _____