

AUTO PAY Enrollment Form and Authorization Agreement

Step 1 Please complete this Authorization Agreement:

I (WE) hereby authorize Chrysler Capital to debit the monthly payment owed to (i) Chrysler Capital pursuant to my (our) retail installment contract(s) or (ii) CCAP Auto Lease Ltd. pursuant to my (our) lease contract(s), including any late fees, NSF fees, and/or other amounts then due as described in the contract(s), automatically on the monthly payment due date set forth in said contract(s) from my (our) below-described bank account. Chrysler Capital may cancel this authorization at any time. I (WE) may cancel this authorization by contacting Chrysler Capital orally or in writing and said cancellation shall be effective three (3) business days after Chrysler Capital's receipt of the request. I (We) have the right to receive written notice at least twenty one (21) days before the scheduled date of a monthly payment debit if the debit will be different in amount from the prior debit made under this Agreement, or different from the contract(s) payment amount (plus any late charges, NSF fees, and other fees and charges that may be due). I (We) also have the option of receiving this written notice only if a debit falls outside a certain dollar range, or only when a debit will differ from the most recent debit by more than a certain dollar amount. You authorize Chrysler Capital to cancel your Auto Pay if on any scheduled payment date, the amount of your scheduled Auto Pay payment is greater than the pay-off amount on your account.

Borrower/Lessee's Full Name (Please print)

Borrower/Lessee's Signature

Co-Borrower/Co-Lessee's Full Name (Please print)

Co-Borrower/Co-Lessee's Signature

If payment is to be drawn from checking or savings account of someone other than the Chrysler Capital account holder, please complete the following information:

Authorized Name on account

Authorized Signature on account

Step 2 Please complete Enrollment Information: Account Type: Checking Savings

Account Number

ABA Routing Number

Financial Institution

Financial Institution's Telephone Number

Financial Institution's Address (City, State and Zip)

Chrysler Auto Account Number

Contract Payment Amount

Chrysler Auto Account Number

Contract Payment Amount

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Step 3 Mail or Fax form to Chrysler Capital:

Complete and sign this form and **return with a voided check** to the address or fax number below:

Mail to:
Chrysler Capital
P.O. Box 961276
FT Worth, Texas 76161

Fax to: 1-877-216-5854