



### Automatic Recurring Payment Authorization Form

Start/New  Change \_\_\_\_\_  STOP after \_\_\_\_\_  Skip/Pause until \_\_\_\_\_  
Circle one: bank, day, other - explain Date of Last Deduction Date to Restart Deduction

We are pleased to offer you the convenience of an Automatic Recurring Payment Plan. Now you can have your payment automatically deducted from your checking or savings account.

#### The Auto-Recurring Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're out of town.
- Your payment is always on time—it helps maintain good credit.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- It eliminates late charges

#### Here's how the Auto-Recurring Payment Plan works:

You authorize regularly scheduled charges to your checking/savings account. Then, just sit back and relax. Your account will be charged as scheduled. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

#### Please complete the information below:

I \_\_\_\_\_ authorize **Coastal Credit, L.L.C.** to charge my account \$\_\_\_\_\_ on a  
(Print customer name) (Payment \$)

weekly, bi-weekly, semi-monthly, or monthly basis, plus a \$3.00 monthly fee, totaling \$\_\_\_\_\_ per  
(Circle one) (Total amount due)

month for payment on my automobile/vehicle loan, with the first withdrawal to begin on \_\_\_\_\_.  
(mm/dd/yyyy)

For weekly and bi-weekly payments, choose the day of the week (circle one): Mon, Tue, Wed, Thru, Fri.

(NOTE: If a calendar month has an additional pay period, you will have an additional withdrawal from your account)

For monthly and semi-monthly payments, choose the day(s) of the month: \_\_\_\_\_ and \_\_\_\_\_.

Account Type:  Checking  Savings



Account Information	
Bank Name	_____
Bank Routing #	_____
Account Number	_____
<b>Please attach a copy of a voided check.</b>	
If you are unsure of your routing number, please contact your financial institution.	

I agree to notify Coastal Credit, L.L.C. in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. I understand that all changes must be in writing and I will not dispute any recurring billing, as long as the amount corresponds to the terms indicated above in this authorization agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Loan No. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Internal Use: Logged by \_\_\_\_\_ Date \_\_\_\_\_ Entered by \_\_\_\_\_ Date \_\_\_\_\_