



ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started.

Please complete the information below:

I (we) _____ hereby authorize Coastline Funding, LLC to initiate a
(Company/Individual name)
recurring electronic charge/debit to my (our) bank account indicated below on the 20th day of
(day)
each month for amount owed to Coastline Funding, LLC as detailed on my (our) monthly invoice(s).

I (we) authorize this transaction to take place starting on: _____
(MM/DD/YY)

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	



The diagram shows a routing number '222222222' circled in purple and an account number '000 111 555 1027' circled in orange. Labels 'Routing Number' and 'Account Number' are placed above their respective circles.

ALL BLANKS MUST BE COMPLETED FOR THE FORM TO BE VALID

I understand that this authorization will remain in full force and effect until I cancel it in writing, and I agree to notify Coastline Funding, LLC 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 periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Coastline Funding, LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$30** 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 agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

PRINTED NAME _____ TITLE _____

SIGNATURE X _____ DATE _____