

Taxpayer Authentication Number:
Coast Professional, Inc. Account Number:

Pre-Authorized Direct Debit Authorization Form

Please complete, sign, and date one copy and return to our office by fax or regular mail. This form must be **received no later than 3-business days prior to the first scheduled Pre-Authorized Direct Debit payment** as set forth below. Please retain a copy for your records.

Coast Professional, Inc.
P.O. Box 425
Geneseo, NY 14454
Fax Number: (866) 705 -5797

You agreed to the following recurring payment:

1. Pre-Authorized Direct Debit Payment Information
 - a. First Pre-Authorized Direct Debit Payment Amount:
 - b. Second Pre-Authorized Direct Debit Payment Amount (if applicable):
 - c. Third Pre-Authorized Direct Debit Payment Amount (if applicable):
2. Pre-Authorized Direct Debit Payment Due Date(s):
 - a. First Pre-Authorized Direct Debit Payment Due Date:
 - b. Second Pre-Authorized Direct Debit Payment Due Date (if applicable):
 - c. Third Pre-Authorized Direct Debit Payment Due Date (if applicable):

Please complete lines 3 – 8 below.

3. Best daytime telephone number: _____
4. Name as it appears on the bank account: _____
5. Address as it appears on the bank account:
 - a. Address 1: _____
 - b. Address 2: _____
 - c. City: _____
 - d. State: _____ e. Zip Code: _____
6. Bank Name: _____
7. Routing Number:

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8. Account Number:

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I authorize **Coast Professional, Inc.** to draft check(s) payable to the U.S. Treasury from the financial institution in the amount listed above to pay my federal taxes owed to the Internal Revenue Service. I understand **Coast Professional, Inc.** may draft additional future recurring payments, to be processed on the same day(s) of the month or on the next business day, until such time as my balance is paid in full. I understand that if the final payment due is less than the recurring monthly payment amount, **Coast Professional, Inc.** will draft the payment for the lesser amount. This authorization will remain in full force and effect until I notify **Coast Professional, Inc.** to revoke the authorization. I understand **in order to change or revoke the authorization**, I must contact **Coast Professional, Inc.** at **1-888-928-0510** no later than **1-business** day prior to the scheduled payment date during normal business hours between **8:00 AM to 9:00 PM EST, Monday – Thursday and 8:00 AM to 5 PM EST Friday.**

Print Name: _____ Date: _____

Signature: _____