



Permission to Postdate Payments

I, _____ hereby authorize Coast Professional, Inc. to process payments using my debit card or prepaid card on agreed-upon future dates.

I understand and agree to the following terms:

1. Authorization of Post-Dated Transactions

I grant permission for Coast Professional, Inc. to initiate debit transactions on my card for amounts agreed upon between myself and Coast Professional, Inc. I understand that if any of the selected payment dates fall on a weekend or a holiday, the payment may be processed on the next business day following the selected payment date.

2. Acknowledgment of Responsibility

I acknowledge that sufficient funds must be available in my account on the scheduled dates. I understand that failure to maintain sufficient funds may result in missing program requirements regarding consecutive payments.

3. Revocation of Authorization

I may revoke this authorization by providing written notice to Coast Professional, Inc. at least three (3) business days prior to any scheduled transaction. I understand that it is my responsibility to confirm that my revocation of authorization has been received before any scheduled transaction occurs.

4. No Guarantee of Post-Dating by Bank

I understand that while Coast Professional, Inc. will attempt to process payments on the agreed dates, my financial institution may process transactions immediately upon receipt.

Borrower Signature: _____ **Date:** _____