Authorization Agreement for

Pre-Authorization Payment (Debit)

I (we) authorize Wells Fargo Bank, N.A.(Wells Fargo) to initiate debit entries payable to the account (described below) and bank (named below) to debit the amounts of such entries

 Periodically as such amounts become due, without further authorization (standing authorization); or,

 Only on receipt of a further authorization signed by me (or either of us) authorizing a single entry in a specific

amount (one time authorization)

|  |  |  |  |
| --- | --- | --- | --- |
|  | | |  |
| **Bank name** | | |  |
|  | | |  |
| **Address** | | |  |
|  |  |  |  |
| **City** | **State** | **Zip** |  |

|  |  |  |
| --- | --- | --- |
| **Account:** | Checking       Savings        Other |  |

**Transit ABA**

**Transit routing number Check digit Account number information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**Designated by**

**Federal Reserve**

**NOTICE:** When completing account number information, insert a hyphen (-) for each Dash Cue

Symbol (-) contained in the field, and insert a number sign (#) for each “On Us” Cue Symbol (|’).

**This form must be received by Wells Fargo prior to the 15th of the month for ACH changes/new accounts to be effective on the 1st of the subsequent month.**

|  |  |
| --- | --- |
|  | |
| **Depositor(s) name(s)** | |
|  |  |
| **Signature** **Date** | |
|  |  |
| **Signature 2 (as required)** **Date** | |

**Attached voided Check:**Yes  No

|  |  |
| --- | --- |
| **For CDC use only** | |
| CDC number: | 08-262 |
| SBA loan number: |  |
| Borrower’s name: |  |