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

[x]  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:** | [x]   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: |  |