AUTHORIZATION AGREEMENT FOR PREAUTHORIZATION PAYMENT (DEBIT)

I (we) authorize the CSA identified in the Servicing Agent Agreement (SAA) to initiate debit entries payable to the account (described below) and bank (named below) to debit the amounts of such entries to the account:

☒ 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 Routing Number	**Transit ABA Check Digit**	**Account Number Information**

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 the Central Servicing Agent 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 (If Required)

-Attach Voided Check Here-

FOR CDC USE ONLY:

CDC Number: _____

SBA Loan Number: _____

Borrower's Name: