

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT (DEBITS)

I (we) authorize **BANKER'S SMALL BUSINESS (BSB) / CDC SMALL BUSINESS FINANCE (CDC)** (Company) to initiate debit entries payable to the account (described below) and bank named below to debit the amounts of such entries to the account:

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

Bank Name	Branch	
Address		
City	State	Zip

Account: ☐ Checking ☐ Savings ☐ Other: _____

Transit Routing Number

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Information

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Account Number

NOTE: Name on Account	Name (s).		
	Date	Signed	Signed

For CDC use only

SBA loan number:

Borrower's name:

Attach Voided Check Here