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);

Bank name

Address

City **State** **Zip**

Account: ☐ Checking ☐ Savings ☐ Other _____

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

Designated by
Federal Reserve

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**

For CDC use only
CDC number: 09-024
SBA loan number:
Borrower's name:

Include a voided check here:

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