AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT (DEBITS)

I (we) authorize **CDC SMALL BUSINESS FINANCE** (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

Account Number Information

NOTE: 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 (I')

Name on Account	Name (s).		
	Date	Signed	Signed

Include a voided check on a separate page

For CDC use only

SBA loan number:
Borrower's name: