

# Authorization Agreement for Pre-Authorization Payment (Debit)



I (we) authorize **CDC Direct Capital dba CDC Capital Markets** to initiate a monthly debit and apply the funds to the loan indicated on this form.

**Account Type:**

Checking     Savings     Other  \_\_\_\_\_

<b>Bank Name</b>	
<b>ABA Routing Transit Number</b>	
<b>Name(s) on Account</b>	
<b>Account Number</b>	

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***PLACE VOIDED CHECK HERE***

**For CDC use only**

SBA loan number:

Borrower's name: