**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:

1. 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: Name on Account | Name (s). |
| Date | Signed | Signed |
|  |
|  |

|  |
| --- |
| **For CDC use only**  |
|  |  |
| SBA loan number:  |  |
| Borrower’s name: |  |

**Attach Voided Check Here**