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); or,

☐ Only on receipt of a further authorization signed by me (or either of us) authorizing a single entry in a specific amount (one time authorization)

Bank name

Address

City **State** **Zip**

Account: ☐ Checking ☐ Savings ☐ Other Click here to enter text.

Transit ABA

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

Designated by Federal Reserve

NOTICE: 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 (|').

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**

Attached voided Check: ☐ Yes ☐ No

For CDC use only
CDC number: _____
SBA loan number: _____
Borrower's name: _____

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