

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 author	orization (standing authorization); or,	
Only on receipt of a further authorization signed by me (or eithe amount (one time authorization)	er of us) authorizing a single entry in a specific	
Bank Name		
Address		
City	State Zip	
Account: Checking Savings	Other:	
Transit ABA		
Transit Routing Number Check Digit	Account Number Information	
Designated by Federal Reserve		
NOTICE: When completing account number information, insert a h Symbol (-) contained in the field, and insert a number sign (#) for ea		
This form must be received by Wells Fargo prior to the 15th of be effective on the 1st of the subsequent month.		
Depositor(s) name(s)		
Signature	Date	
Signature 2 (If Required)	Date	
Attached voided Check: Yes No		
FOR CDC USE ONLY:		
CDC Number: 09-708		
SBA Loan Number:		
Borrower's Name:		