## 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 rou	uting number	Check digit	Account number information	7		

## 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 15<sup>th</sup> of the month for ACH changes/new accounts to be effective on the 1<sup>st</sup> 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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