AUTHORIZATION AGREEMENT FOR PREAUTHORIZATION PAYMENT (DEBIT)

I (we) authorize **WELLS FARGO** (Company) to initiate debit entries payable to the account (described below) and bank (named below) to debit the amounts of such entries to the amount:

☒ 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: _____

Transit Routing Number | **Transit ABA 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)

-Attached Voided Check Here-

FOR CDC USE ONLY:

CDC Number: 04-230

SBA Loan Number: _____

Borrower's Name: _____