

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZATION PAYMENT (DEBIT)**

I (we) authorize the CSA identified in the Servicing Agent Agreement (SAA) to initiate debit entries payable to the account (described below) and bank (named below) to debit the amounts of such entries to the account:

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**

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**Transit ABA Check Digit**

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**Account Number Information**

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**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 the Central Servicing Agent 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 (If Required)**

**-Attach Voided Check Here-**

<b>FOR CDC USE ONLY:</b>	
CDC Number:	_____
SBA Loan Number:	_____
Borrower's Name:	_____
Statement Name:	_____