



# 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

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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 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

<b>For CDC use only</b>	
CDC number:	_____
SBA loan number:	_____
Borrower's name:	_____