

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZATION PAYMENT (DEBIT)

I (we) authorize **COLSON SERVICES CORP.** (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 Colson Services Corp. 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: _____

SBA Loan Number: _____

Borrower's Name: _____