AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT (DEBITS)

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

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: **05172**

SBA Loan Number:

Borrower's Name: