



To change what account your monthly payment is drawn from follow the directions below:

- 1) Please complete the Authorization Agreement for Pre-Authorization Payment (aka the ACH Change Form) on the following page.
- 2) Print out the form and sign it.
- 3) Return the completed, signed form to WBD. **Please note your Business Name and/or SBA Loan Number on the correspondence.**

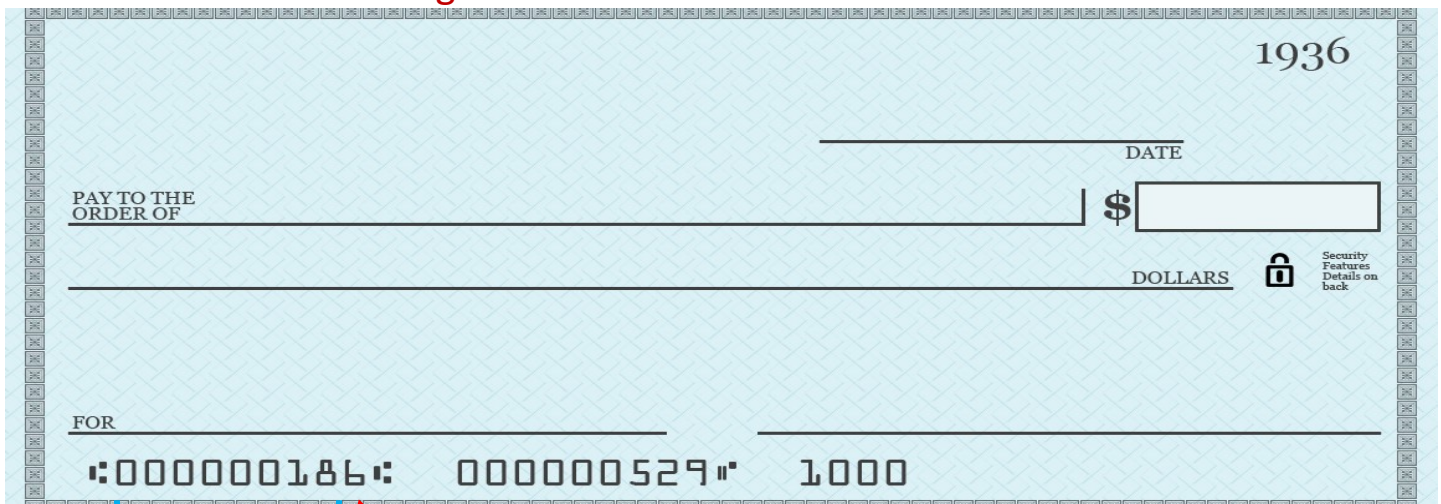
Via email to: 504servicing@wbd.org

Via Fax: 608-819-0393

NOTE: Only changes received by WBD on or before the 14th day of the month (or the last business day prior if the 14th falls on a holiday or weekend) will be in effect for the following month.

If you have any questions please contact WBD Servicing at 608-819-0390.

**A little helpful information to help you understand what number goes where on the attached form**



The first 8 Digits are the "Transit Routing Number"

Numbers here are the "Account Number"  
Note: this number varies in length

The final number here is the "Check Digit"

# 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)

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**Bank name**

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**Address**

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**City**

**State**

**Zip**

**Account:**       Checking     Savings     Other

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**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.**

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**Depositor(s) name(s)**

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**Signature**

**Date**

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**Signature 2 (as required)**

**Date**

**Attached voided Check:**     Yes     No

**For CDC use only**

CDC number:              05-172

SBA loan number:

Borrower's name: