

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT (DEBITS)

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:	Branch:	
Address:		
City:	State:	Zip Code:

Account:     Checking     Savings     Other: \_\_\_\_\_

Transit Routing Number	Transit ABA Check Digit Designated by Federal Reserve	Account No. Information

**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> day of the subsequent month.**

<b>DEPOSITOR(S)</b>	Name(s):	
	Signature	Date: «ClosingDate»
Signature 2 (if required)	Tax ID Number:	

Attach Voided Check Here

FOR CDC USE ONLY	
CDC Number:	08-103
SBC By Name:	«SBC»
SBA Loan Number:	«LoanNumber»
Borrower (if not SBC):	«Borrower»
Statement Name (for report purposes):	«FileName»