

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

Address

City

State

Zip

Account:

Checking

Savings

Other:

Transit Routing Number

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**Transit ABA
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 the Central Servicing Agent 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 (If Required)

-Attached Voided Check Here-

FOR CDC USE ONLY:

CDC Number: **02-109**

SBA Loan Number:

Borrower's Name:

Statement Name: