AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT (DEBITS)

Borrowers may change the account from which their monthly payment is drafted. In order to do so, please fill out the following information and return this form to Capital CDC, along with a copy of a voided check, by the 13th of the month **prior** to the new draft. You may fax the information to (866) 712-8049 or (512) 276-8995. Please contact the Servicing Department at (800) 504-2232, with any questions you might have.

I (we) authorize **COLSON SERVICES CORP,** (Company) to initiate debt entries payable to the account (describe 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

Account Number 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 (l').

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: _____