

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 Saving Other _____

Transit Routing Number

Transit ABA Check Digit
Designated by Federal Reserve

Account Number Information

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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): _____

Attach voided check here –

FOR CDC USE ONLY:

CDC Number: 09655 _____

SBA Loan Number: _____

Borrower's Name: _____