

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 Savings Other: _____

Transit Routing Number

Transit ABA
Check Digit

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 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: _____