

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 account:

(X) 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

Account: Checking Savings Other: _____

Transit Routing Number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>											Transit ABA Check Digit <table border="1" style="width:30px; height: 20px; border-collapse: collapse; margin: 0 auto;"> <tr> <td style="width:100%;"></td> </tr> </table> Designated by Federal Reserve		Account Number Information <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>															

NOTE: 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 (I')

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)		
	Date	Signed	Signed

Attach Voided Check Here

FOR CDC USE ONLY

CDC Number: _____

SBA Loan Number: _____

Borrower's Name: _____