## Authorization Agreement for Pre-Authorization Payment (Debit)



I (we) authorize Wells Fargo Bank, N.A. (Wells Fargo) to initiate debit entries payable to the account (described below) and bank (named below) to debit the amounts of such entries

	authorization)		us) authorizing a single e	
Bank name				
Address				
City		State	Zip	
Account:	⊠ Checking □ Sa	avings 🗌 Other		
Transit ABA				
Transit ro	outing number	Check digit	Account number infor	mation
This form must be repeated to the factorial to the factor	eceived by Wells Fargo L <sup>st</sup> of the subsequent r	prior to the 15 <sup>th</sup> of t	n "On Us" Cue Symbol ( ') he month for ACH chan	
Depositor(s) nam	e(s)			
Ci				
Signature			Date	
Signature 2 (as re	quired)		Date Date	
Signature 2 (as re	eck: Yes No			
Signature 2 (as re	eck: Yes No			
Signature 2 (as re  Attached voided Ch  For CDC use only	eck: Yes No			