City of Fontana's Empowerment Revolving Loan Fund Program Administered by AmPac Tri-State CDC, Inc. dba Ampac Business Capital Authorization Agreement for Pre- Authorization Payment (Debit)

I (We) authorize AmPac Tri-State CDC, Inc dba AmPac Business Capital to initiate debit entries payable to the account (described below) and bank (named below) to debit the amounts of such entries:

MPAC BUSINESS CAPITAL

⊠ Periodically as such amounts become due, without further authorization (standing authorization);

Bank name									
Address									
City			State		Zip				
Account:		☐ Savings	☐ Other						
ransit ABA									
Transi	it routing number	Check	diait	Account r	number in	formation	1		
			3						
	Chec	k Digit is the Las	t Digit in the R	outing Numbe	er	<u> </u>	1 1	1	
Designated by F	ederal Reserve.								
of the month for	be provided to AmP ACH changes/new e (as shown on Che	accounts to be	•						
				[Da	ate]				
Signature				D	ate				
				[Da	ate]				
Signature 2 (as required)				Date					
	d Check (Required) is not available, a scree	enshot from the M		App reflectin	g the Routir	ng and Acco	ount Nu	mber will	
		mPac Busines	ss Capital U						
CDC Number:				09-697					
Borrower's N	ame:			[Borrower		lame]			
Loan Type:				[Loan Type]				1	

Loan Number:

[Loan Number]