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:

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

Bank name

Address

City **State** **Zip**

Account: ☒ Checking ☐ Savings ☐ Other

Transit ABA

Transit routing number **Check digit** **Account number information**

Check Digit is the Last Digit in the Routing Number

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 provided to AmPac Tri-State CDC, Inc. dba AmPac Business Capital prior to the 15th of the month for ACH changes/new accounts to be effective on the first of the subsequent month.

Account Name (as shown on Check)

[Date]

Signature **Date**

[Date]

Signature 2 (as required) **Date**

Attached Voided Check (Required): ☒ Yes ☐ No

If a Voided Check is not available, a screenshot from the Mobile Banking App reflecting the Routing and Account Number will Suffice

For AmPac Business Capital Use Only:	
CDC Number:	**09-697**
Borrower's Name:	**[Borrower's Legal Name]**
Loan Type:	**[Loan Type]**
Loan Number:	**[Loan Number]**