



## How to Change Your Loan Payment Debit Account

1. Completely fill out the attached form ensuring it is signed
2. Provide a voided check from the new account
3. Email your request to [khamel@granitestatedev.com](mailto:khamel@granitestatedev.com) with items 1 & 2 attached

**OR**

4. FAX your request including items 1 & 2 to:

Ms. Kelly Hamel

Granite State Development Corp.

603-436-5547

(make sure you call Kelly to ensure she received it)

***Account changes must be received at our office no later than the 14<sup>th</sup> of the month to be effective on the 1<sup>st</sup> of the following month***

Should you have any questions, please feel free to call Kelly at 603-436-0009. She is available Monday to Friday, from 8:30am to 5:00pm.

Thank you.



# 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

- 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account:        Checking        Savings        Other [Click here to enter text.](#)

<b>Transit ABA</b>		
<b>Transit routing number</b>	<b>Check digit</b>	<b>Account number information</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 Wells Fargo prior to the 15<sup>th</sup> of the month for ACH changes/new accounts to be effective on the 1<sup>st</sup> of the subsequent month.**

Depositor(s) name(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature 2 (as required) \_\_\_\_\_ Date \_\_\_\_\_

Attached voided Check:  Yes     No

<b>For CDC use only</b>	
CDC number:	_____
SBA loan number:	_____
Borrower's name:	_____