

### 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 the above to [mdorr@granitestatedev.com](mailto:mdorr@granitestatedev.com)

**OR**

4. FAX to: Mariah Dorr  
Granite State Development Corp.  
603-436-5547

Please contact Mariah or other member of our servicing team at 603-436-0009 to ensure your request has been processed.

***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***

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.](#)

**Transit ABA**

**Transit routing number**

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**Check digit**

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**Account number information**

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**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

**For CDC use only**

CDC number: \_\_\_\_\_

SBA loan number: \_\_\_\_\_

Borrower's name: \_\_\_\_\_