



Formerly:

## Additional Payment Debit Authorization

To: Crossroads Small Business Solutions (CRSBS) formerly Superior Financial Group (SFG)

RE: CRSBS/SFG Loan #: \_\_\_\_\_

From: Business Name: \_\_\_\_\_

Individual(s) Name: \_\_\_\_\_

The borrower authorizes CRSBS, to debit a payment of

\$\_\_\_\_\_ (this is in an addition to the regularly scheduled payment amount)

From the following business bank account:

Name on Account: \_\_\_\_\_

Account No.: \_\_\_\_\_

Routing No.: \_\_\_\_\_

One Time Payment on the following date: \_\_\_\_\_

Reoccurring Payment until paid in full. (Please refer to the note below)

The person signing below (only one signature is required) represents he/she is signatory on the above account and is authorized by all owners of 20% or more interest in the business to execute this authorization.

\_\_\_\_\_ Dated: \_\_\_\_\_

Signature of Borrower and Title

Please note: As stated on your promissory note, if you are paying more than 20% of the unpaid principal balance, you must (a) give CRSBS written notice; and (b) if the payment is received less than 21 days from the date CRSBS receives the notice, you are required to pay an amount equal to 21 days interest from the date CRSBS receives the notice. If you are setting up an ongoing reoccurring payment we will need written notice prior to the payment of more than 20% if you would like to eliminate the accrual of 21 days of interest.

**Submit to Crossroads Small Business Solutions by:  
Fax: (925)482-2937 OR Email: mschreck@crsbs.com**