



## **Bank Debit Authorization for Payoff**

**To: Crossroads Small Business Solutions formerly Superior Financial Group**

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

**From (business name): \_\_\_\_\_**

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

**The borrower(s) authorizes CRSBS, to debit the payoff amount of \$ \_\_\_\_\_  
from the following business bank account on the following date \_\_\_/\_\_\_/\_\_\_:**

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

**Routing Number: \_\_\_\_\_**

**Account Number: \_\_\_\_\_**

**Name of Bank: \_\_\_\_\_**

**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.**

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**Signature of Borrower and Title**

**Dated**

**Complete and sign either:**

**Email back to [keverett@crsbs.com](mailto:keverett@crsbs.com) or Fax to (925)482-2944**