



## BORROWER PROOF OF AUTHORIZATION (POA) FOR DIRECT LOAN PAYMENT VIA AUTOMATED CLEARING HOUSE (ACH) DEBIT

**Purpose**

In order to fulfill initial funding via wire and required monthly ACH loan payments, a complete and accurate "Borrower POA for Direct Loan Payment via ACH Debit" form and a voided check of the corresponding Borrower's Account must be submitted to Long Island Small Business Assistance Corp (LISBAC).

**Requirements**

1. Completed, signed and dated "Borrower POA for Direct Loan Payment via ACH Debit" form
2. Voided check, corresponding to Borrower's Account recorded on the completed, signed and dated "Borrower POA for Direct Loan Payment via ACH Debit" form

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<b>Borrower Account Information</b>	<b>Loan Number</b> _____
Borrower's Name	Borrower's Phone Number
Contact Name	Email Address
Address	City, State & Zip Code

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**Borrower Bank Information**

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Borrower's Bank Name	
Transit/ABA Number ("Routing Number")	Borrower's Checking or Savings Account Number <input type="checkbox"/> 1 <sup>st</sup> of every month
Monthly Loan Payment Amount (Debit Amount)	Monthly Loan Debit Date (Select one from above)
Date the First ACH Debit Commences	

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**Borrower Authorization Agreement**

*I (we) hereby authorize LISBAC to initiate debit entries, and if necessary, credit entries and adjustments to the Borrower's Account, recorded above. This authority is to remain in full force and effect until the LISBAC loan has been paid in full. If the Borrower(s) must change Borrower Account Information or Borrower Bank Information, written notification to:*

LISBAC  
Attention: Accounting Department  
175 Engineers Road, Suite 200, Hauppauge, New York, 11788  
**OR**  
accounting@lisbac.org  
*must be received and receipt acknowledged by LISBAC, at least seven (7) business days in advance of the next upcoming loan payment due date, in order to afford LISBAC a reasonable opportunity to act upon the written request.*

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Authorized Signature	Printed Name, Title	Date
Authorized Signature	Printed Name, Title	Date