

**Department of Commerce, Community & Economic Development  
 Division of Economic Development  
 PO Box 34159  
 Juneau AK 99803  
 Phone: (907) 465-2510 or (800) 478-LOAN (5626)  
 FAX: (907) 465-2103**

## TEL Payment Authorization

### Borrower Information

(All Borrower Information is REQUIRED unless so stated)

Borrower Name	Mother's Maiden Name	Loan Number
Mailing Address	Home Phone Number	Work Phone Number (optional)
City                  State                  Zip code	Email Address (optional)	Cell Phone Number (optional)

### Financial Institution Information

- Personal Checking Account – **You MUST attach a VOIDED check**
- Joint Checking Account – **You MUST attach a VOIDED check**
- Personal Savings Account – Please verify Transit Routing Number and Account Number with your financial institution.
- Joint Savings Account - Please verify Transit Routing Number and Account Number with your financial institution.

Financial Institution:	
Street Name:	
City/State/Zip Code:	Account Name:(as it appears on the account)
Transit Routing Number:	Account Number:

### Attach VOIDED Check Here

### Authorization

The undersigned hereby authorize(s) and direct(s) the Division of Economic Development to initiate debit entries to the deposit account of the undersigned identified above; and authorize(s) and direct(s) the financial institution maintaining the deposit account to permit withdrawal of available credit in accordance with debit entries initiated by the division pursuant to this AUTO PAYMENT AUTHORIZATION. The undersigned also understands that the division will initiate debit entries in the amount indicated above on the first business day of the month(s) for which this authorization authorizes a debit. The undersigned also understands(s) that this authorization remains in effect until such time that the division is notified in writing that this authorization is rescinded, or the division notifies the undersigned in writing that the authorization is being rescinded or the loan is closed.

_____ Authorizing Signature	_____ Date
_____ Authorizing Signature	_____ Date

**-- DIVISION OF ECONOMIC DEVELOPMENT PROCESSING ONLY – Do not write below this line**

Processed By:	Date Processed:
Confirmation Sent Date:	