



Certified Development Company  
(CDC)/504 Loan Payments

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**THIS FORM IS TO BE USED FOR PAYMENTS BY CDC'S ONLY**

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CDC Name: \_\_\_\_\_  
CDC Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

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**PLEASE SELECT PAYMENT TYPE**

- Borrower Payment       Offer in Compromise       PCLP Loss Recovery  
 Rent       Sale of Collateral/Short Sale Proceeds

SBA Loan Number:

Amount Paid: \$

**Do not use this form to submit any Guaranty Fees payable to Wells Fargo**

**Ensure the payment account is set-up to accept debits from RTN # 041036046**