



AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

I/We authorize Little Steps to initiate debit entries for the amount indicated below for the purpose of accomplishing the following preauthorized payments:

Frequency: Monthly on the ___ 1st ___ 15th Amount: \$_____

Effective Date: ___/___/___ Termination Date: ___/___/___

(check which applies) ___ New Authorization ___ Change to Previous Authorization

Bank Name: _____

Routing Number Account Number: _____

(check your preference) ___ Checking Account ___ Saving Account

Bank Phone Number: _____

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until the termination date stated above or until Little Steps has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Little Steps and the DEPOSITORY a reasonable opportunity to act on it.

Name(s) (Print or Type):

Signature Date

Signature Date

Signature Date

Signature Date