



# AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

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: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account Preference: Checking \_\_\_ Savings \_\_\_

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 (Print or Type)

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

**PLEASE ATTACH A VOIDED CHECK HERE**