



First Step Automatic Check Debit Authorization Form

I (We, if joint account) hereby authorize and request First Step Computing, Inc. to initiate debit/credit entries to my account at the Banking Institution (Bank) indicated below. I hereby authorize and request my Banking Institution to accept debit/credit entries initiated by First Step Computing, Inc. and to debit/credit the same to my account.

The date of the first account debit will depend on the date this authorization form is processed. Any unsuccessful attempts will be reprocessed within 20 days and may be subject to a late fee. Returned electronic checks may be subject to a returned check fee. For more information, please contact First Step Member Services at 1.800.385.9000.

Account Information

Name: First Last Middle Initial

Street Address City State Zip

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Daytime Phone number Evening Phone Number

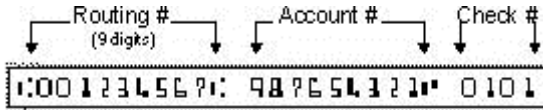
User Name/Account Number

Enter your CURRENT email address where we can send payment confirmation

Banking Institution Information

Bank Name Branch Location

Bank Routing Number (see illustration)



Bank Account Number (see illustration)

Account type Checking Savings

A VOIDED CHECK MUST BE ATTACHED TO INITIATE PAYMENT.
Please return completed form and voided check to:
First Step
PO Box 458
St. Clair, MI 48079

It is understood and agreed that I may withdraw from participation at any time by notifying First Step Computing, Inc. in written form at least five (5) business days before the due date, notification shall be effective upon receipt.

Name 1 Signature

Date

Name 2 (if joint account) Signature

Date