

Direct Deposit Authorization

CONSUMER AUTHORIZATION FOR DIRECT DEPOSIT – ACH CREDIT

COMPANY: STEP, Inc.
 ADDRESS: 5 Downtown Plaza
 CITY, STATE, ZIP: Fairmont MN 56031
 PHONE: 507 238-4341

I authorize **STEP, Inc.** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the financial institution(s) named below.

Financial Institution (1)

Name _____
 City _____ State _____ Zip _____
 Routing Number _____
 Account Number _____ Amount* _____ Checking Savings
 Account Number _____ Amount* _____ Checking Savings

Financial Institution (2)

Name _____
 City _____ State _____ Zip _____
 Routing Number _____
 Account Number _____ Amount* _____ Checking Savings
 Account Number _____ Amount* _____ Checking Savings

*In Amount field, enter NET for full paycheck or remaining balance after other account deposits.

This authority is to remain in full force and effect until I notify **STEP, Inc.** by phone or in writing at least three (3) days prior to the effective date of the transaction.



Account Owner Name _____
 Account Owner Signature _____ Date _____

This form is illustrative only and is not intended to provide legal advice.