



STEP Birmingham

Bank Draft Agreement Form

Authorization Agreement

I hereby authorize STEP Birmingham to initiate withdrawals from my account at the financial institution named below.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to STEP Birmingham.

