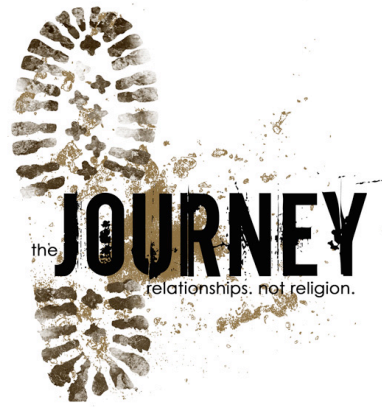


Automatic Donation Authorization



Comerica Bank

I authorize Comerica Bank to charge my account shown below for the indicated amount. My payment will be charged to the account listed below on the 1st and/or 15th of each month, unless this day is a Sunday, or holiday; in which case, it will be on the following business day. I also authorize adjusting entries to correct errors. I agree that these adjustments may be made electronically and under the Rules of the applicable Automated Clearing House Association (ACHA). This authorization will remain in effect until you are notified of its cancellation. I may stop payment at any time by notifying The Journey at least two weeks in advance.

Name _____

Address _____

_____ Phone _____

Email _____

Your Bank Name _____

Your Bank Routing Number (or include blank check) _____

Account Number to be withdrawn from _____

Amount to be withdrawn \$ _____

I would like the withdrawal to take place monthly: *(please circle one)*

on the 1st

on the 15th

both dates

Your Signature (both signatures if joint signers on account)

Date

You will receive an email from The Journey to confirm that you are participating in automatic payments and a start date for those automatic payments.