



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: **South Texas Transition to Teaching-ACP**

I hereby authorize **South Texas Transition to Teaching-ACP**, to initiate debit entries to my Checking account below and the depository name below, hereafter called Depository, or debit the same to such account for the following payments:

\$75 - One-Time Enrollment Fee (*Enrollment prior to the 25th of the month, will get debited in the same month. Enrollment on or after the 25th of the month will get debited the following month*)

All payments are deducted on the **25th** of each month. No Exceptions.

Name of Account Owner _____ Bank Name _____

Account Owner Address _____ CITY _____ STATE TX ZIP _____

Account Owner D.O.B (M/D/YYYY) _____

TRANSIT/ABA (routing) # _____ ACCT # _____

Intern Name _____

Soc Sec. NUMBER _____ (our bank requires your full social security number in this form)

DATE _____ SIGN _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **

MUST INCLUDE A DIRECT DEPOSIT FORM WHEN SUBMITTING THIS FORM

****a \$35.00 fee will be charged for any withdrawal attempt that is denied due to Insufficient Funds (NSF).**

**** a \$35 late fee will be charged per week following the \$35 NSF fee considering the payment is late.**