



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 for the following amount \$4,800 (\$400 a month for 12 months)

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 a time and in such a 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.**