

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: Region One ESC

COMPANY ID#: _____

I (we) hereby authorize Region One ESC, to initiate debit entries to my (our) checking account in the amount of \$ 355.00 per month in 9 monthly installments for overall total of \$ 3,195.00 for Internship. The account below and the depository named below, hereafter called Depository, or debit the same to such account.

(September 30, 2009 – May 30, 2010)

Depository Name _____

Bank Name _____

(Bank Routing)

TRANSIT/ABA# _____

ACCOUNT # _____

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

NAME (S) _____

S.S. NUMBER _____

DATE _____

Signed _____