**TEACHERBUILDER.COM**

**AUTHORIZATION AGREEMENT**

**DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Teacherbuilder.com, hereinafter called COMPANY, to debit entries to my credit card or debit card indicated below and to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Type of Credit Card: 🞎 MasterCard 🞎 Visa 🞎 American Express 🞎 Discover

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date: Security Code (Located on the back of the credit card-3 digits):

Name as it appears on the credit card:

Billing address: Street: City: State:\_\_\_\_\_\_\_\_\_\_

Zip code:\_\_\_\_\_\_\_\_\_

**TEA Technology Fee**

Beginning March 15, 2017, state-accredited Educator Preparation Programs are required to collect a $35 technology fee on behalf of the Texas Education Agency (TEA) from each admitted program candidate. ([Texas Administrative Code, Chapter 229.9](https://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=7&ch=229&rl=9))

**ONE TIME TECHNOLOGY FEE: $35**

\* ALL FEES NON-REFUNDABLE

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

As the candidate it is my responsibility to notify the company- Teacherbuilder.com – of any changes to or account holds I make to my financial institution as well as any transactions not being withdrawn from my account. I understand that not notifying TeacherBuilder.com can result in additional late fees and/ or termination from the Alternative Certification Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Individual Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( SSN)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

***(Customer retains second copy)***

**\* Required Fields**