ACH PAYMENT AUTHORIZATION FOR PROMISED PAYMENTS

Beauchamp, Kim 9211 Jutland Road Suite #305 Lansing, MI 72654

CREDITOR: Westcoast Industries Ltd. FILE#: 1409 BALANCE: \$2,358.00

Dear Kim Beauchamp,

November 27, 2009

We thank you for the agreement you have entered into with us to meet your obligations in regard to the File# and Balance displayed above. The details of the agreement to withdraw funds from your account are listed below. Please examine the details carefully and let us know immediately if there is any error.

Please sign this authorization for our records and return promptly. We will then send you an authorized copy for your records. Before each debit is applied against your bank account, you will receive a reminder notification letter from us.

By signing and returning this form, you are giving permission to Collections of the World to withdraw funds as listed below for payment towards the File# and Balance displayed.

FILE#: 1409BALANCE: \$2,358.00Payer Name: Kim BeauchampBank: Wells FargoTransit Number: 11111118Payment Amount: \$25.00Frequency: MonthlyStart Date: 11/25/09

Please sign and date this form and return it to Collections of the World.

I hereby authorize Collections of the World to withdraw funds from my bank account as per our agreement outlined above. I understand that I will receive notice 7 days prior to each debit made against the account listed above.

Authorization Signature:	Date:
Office Use Only:	
Received and Confirmed:	Data
Confirmation Signature:	Date:

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This communication is from a debt collection agency.

NOTIFICATION OF ACH PAYMENT DUE

Beauchamp, Kim 9211 Jutland Road Suite #305 Lansing, MI 72654

November 27, 2009

Dear Kim Beauchamp,

We thank you for the agreement you have entered into with us to meet your obligations in regard to the File# and Balance displayed above. This notice is to remind you that your next Monthly payment is due and will be withdrawn from your bank account as outlined below.

Please examine these details carefully and let us know if you need to make any changes to the signed authorization that we have on file for you.

FILE#: 1409 BALANCE: \$2,383.00

On Dec 07, 2009, \$25.00 will be withdrawn from the account below:

Payer Name: Kim Beauchamp Bank: Wells Fargo Transit Number: 11111118 Payment Amount: \$25.00

Account Type: Savings Account#: 123456789

Thank you for meeting your obligations in a timely manner.

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This communication is from a debt collection agency.

AUTHORIZATION TO CHARGE CREDIT CARD FOR PROMISED PAYMENTS

Bogg, Peter 1213 Swamp Rd. Suite 101 New Orleans, LA 95487

CREDITOR: C & D Financial Services FILE#: 1425 BALANCE \$1,885.00

Dear Peter Bogg,

November 27, 2009

We thank you for the agreement you have entered into with us to meet your obligations in regard to the File# and Balance displayed above. The details of the agreement to charge your credit card are listed below. Please examine the details carefully and let us know immediately if there is any error.

Please sign this authorization for our records and return promptly. We will then send you an authorized copy for your records. Before each charge is applied to your card, you will receive a reminder notification letter from us.

By signing and returning this form, you are giving permission to Collections of the World to debit the credit card as listed below for payment towards the File# and Balance displayed.

FILE#: 1425 BALANCE: \$1,885.00 Card Holder Name: Peter Bogg Credit Card Type: Mastercard Credit Card #: ********5454 Payment Amount: \$100.00 Number of Payments: 5 Frequency: Monthly Start Date: 12/07/09

Please sign and date this form and return it to Collections of the World.

I hereby authorize Collections of the World to charge my credit card as per our agreement outlined above. I understand that I will receive notice 7 days prior to each charge entered against the card listed above.

Authorization Signature:	Date:
Office Use Only:	
Received and Confirmed:	
Confirmation Signature:	Date:
<u> </u>	formation obtained will be used for that nurnose. This

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This communication is from a debt collection agency.

NOTIFICATION OF CREDIT CARD PAYMENT DUE

Bogg, Peter 1213 Swamp Rd. Suite 101 New Orleans, LA 95487

CREDITOR: C & D Financial Services FILE#: 1425 BALANCE \$1,885.00

November 27, 2009

Dear Peter Bogg,

We thank you for the agreement you have entered into with us to meet your obligations in regard to the File# and Balance displayed above. This notice is to remind you that your next Monthly payment is due and will be charged against your credit card as outlined below.

Please examine these details carefully and let us know if you need to make any changes to the signed authorization that we have on file for you.

FILE#: 1425 BALANCE: \$1,885.00

On Dec 07, 2009, \$100.00 will be charged against the credit card below:

Card Holder Name: Peter Bogg Credit Card Type: Mastercard Payment Amount: \$100.00

Credit Card #: **********5454

Thank you for meeting your obligations in a timely manner.

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This communication is from a debt collection agency.