



STATEWIDE CREDIT ASSOCIATION, INC

6640 Intech Blvd., Suite 200

Indianapolis, IN 46278

Telephone: 317-684-1000 Fax: 317-684-3222

STEAM PROGRAM - SERVICE AGREEMENT

THREE(3) WRITTEN CONTACT SERIES

DATE 4/29/09

BUSINESS TYPE DESCRIPTION _____
 ASSOCIATION/SOURCE _____
 CLIENT NAME Monroe County Community School
 ADDRESS 406 E Miller St
 CITY Blainville STATE IN ZIP 47401
 MULTIPLE LOCATIONS YES _____ NO (if yes, please attach listing.)
 TELEPHONE: AREA CODE (812) 330-7900 CONTACT PERSON _____
 ACCOUNTS FULL _____
 PER PROGRAM 900 PROGRAM PRICE \$ 3600 AMOUNT REC'D \$ _____
100 n/c

PROGRAM EMPHASIS: Medical Accounts _____
 Retail Accounts _____
 Commercial Accounts _____
 Other Accounts _____
 Return Cash Items _____
 (Checks submitted Bank Direct _____ Yes _____ No)

Contingent Fee Schedule	
35%	For accounts collected in Phase II
40%	For accounts transferred to Legal Department

REMARKS: _____

SECOND PHASE TERMS AND CONDITIONS (PHASE II)

Any account completing the STEAM Program's primary phase uncollected, will automatically be transferred to Secondary phase for complete Work-out Collection Service (including litigation when warranted, at SCA's expense) as a second placement. SCA's second phase will process all debtor payments and remit a check (less collection fees charged) to client, together with a statement detailing all transactions processed each month. Client agrees that SCA may deduct its collection fees from debtor payments, including those paid directly to client, and will notify SCA immediately of all payments received. SCA is entitled to full commissions on all monies recovered, whether paid directly to SCA or to client after account has been transferred to 2nd phase.

CLIENT MUST INITIAL _____ YES _____ NO

Accounts with mail returns will **automatically** be forwarded to Phase II for intensive skip tracing.

CLIENT MUST INITIAL _____ YES _____ NO

Authorization: Client authorizes Statewide Credit Association, Inc. (SCA) to provide collection service fully on each account submitted. If account is transferred to secondary phase, Client authorizes SCA to negotiate, secure, and process payments on submitted accounts, and forward recovered funds monthly, less contingent commissions detailed above. All payments and arrangements must be communicated directly to SCA. Collection forms, services and procedures may be changed from time to time due to availability, applicability, and/or to comply with State and Federal regulations. All orders accepted at SCA's Headquarters listed above.

I have read this agreement and fully understand the terms and conditions of the services to be performed. This written agreement constitutes the entire agreement between parties, and cannot be changed, except in writing, by both parties and signed by President/CEO of SCA, M.S. Shuler.

Automatic authorization for litigation in accordance with the Fair Debt Collection Practices Act, you must indicate for consumer Collections, whether you will litigate, if needed.

CLIENT MUST INITIAL _____ Yes _____ No

Signed by Client _____
 Print Here _____

Primary Rep _____
 Secondary Rep _____