

## ACH PAYMENT AUTHORIZATION AGREEMENT

### INSTRUCTION:

1. Complete the form below. If your checking account is a joint account, both account holders must sign this form.
2. Attach a Void Check, unsigned, to this form.
3. Make a copy of this completed form for your records.
4. Return the form and voided check to the Student Loan Service Center.

We process ACH twice a month: 10<sup>th</sup> and 20<sup>th</sup>. The authorization form must reach our office by :

**The 1<sup>st</sup> of the month for Payment Withdrawal on the 10<sup>th</sup> of the month.**

**The 10<sup>th</sup> of the month for Payment Withdrawal on the 20<sup>th</sup> of the month**

If you receive any additional bills after sending in this form, please contact our office before making payment.

## ACH AUTHORIZATION FORM

I (we) hereby authorize the Student Loan Service Center to initiate debit entries to my (our) account in the entry named below (institution or bank), and I (we) authorize the institution to accept and debit the account of such entries to my (our) account. **Debit will be made on the 10<sup>th</sup> or 20<sup>th</sup> of each month** in the amount equal to my student loan(s) payment or otherwise agreed upon amount.

\_\_\_\_\_  
Bank (institution)

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
**ABA Number** ( first 9 digits encoded on the bottom the check)

\_\_\_\_\_  
**Account Number**

( ) **10th** or ( ) **20th**      ( ) **Checking** or ( ) **Saving**      **Amount to be withdrawn:** \$ \_\_\_\_\_

This authorization is to remain in full force and effect until all my student loan(s) are paid in full or I revoke the agreement as hereinafter provided. Any revocation shall not be effective until the Student Loan Service Center has received written notification from me of my desire to terminate this agreement in such time and manner as to give the Student Loan Service Center reasonable opportunity to act on it. I understand that I will be notified of any payment changes debited to my account.

The Student Loan Service Center reserves the right to cancel a borrower's participation at any time.

\_\_\_\_\_  
**Borrower's Name (please print)**

\_\_\_\_\_  
**Borrower's Soc Sec No    Phone Number**

\_\_\_\_\_  
**Bank Account Holder's Name (please print)**

\_\_\_\_\_  
**Holder's Signature**

\_\_\_\_\_  
**Joint Account Holder Name (please print)**

\_\_\_\_\_  
**Joint Holder Signature**

\_\_\_\_\_  
Date of Authorization