

## A uburn University

BURSAR'S OFFICE STUDENT LOAN DEPARTMENT



## MAKE YOUR STUDENT LOAN PAYMENTS

(for Perkins, Health Professions, and/or Institutional Loans)

**WITHOUT**: -writing checks

-postage expense

-penalties or late charges

-concern over slow or lost mail

Auburn University now offers a convenient, dependable and safe method for you to make your Perkins, Health Professions, and/or Institutional student loan payments. By completing the authorization form below and returning it, your loan payment to the University will be made by an automatic charge to your **Visa or MasterCard**. The transaction will occur on the fifth of each month, or the Monday following if the fifth is on a weekend. Payments will be reflected on your credit card statement.

You will not receive monthly billings from the University but you will receive an annual statement of activity.

With this method of payment you need not worry about writing a check every month, mailing your payment, or whether the mail was delayed. Your payment will be made automatically, even if you are out of town.

If you are interested in this convenient and safe way to make your payments, complete the Authorization Agreement below and return it to:

Student Loan Department Office of Bursar Auburn University The Quad Center Auburn, AL 36849-5154 334/844-4634

You will be notified in writing as to when the first payment will be charged to your credit card account. Please continue to make your monthly payments until you receive this notice.

## **Authorization for Automatic Credit Card Charge** I authorize Auburn University to automatically charge my VISA/MasterCard account the amount of my monthly Perkins, Health Professions, and/or Institutional student loan payment(s). I agree that each payment will be the same as if it were a check personally signed by me. This authority will remain in effect until revoked by me in writing to the Student Loan Department or until my loan(s) are paid in full. I understand that this method of payment may be canceled if two (2) transfers in any twelve (12) month period are denied by my credit card company. Daytime Phone # Name Student Social Security # Address State Citv Zip Type of Credit Card (VISA/MasterCard) **Expiration Date** Credit Card Account Number Amount to be deducted each month \$

Signature of individual whose account will be charged (Debited)