

Auburn 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 deduction from your checking or savings account. The transaction will occur on the twentieth of each month, or the Monday following if the twentieth is on a weekend. Payments will be reflected on your bank 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 and attach a voided check or a pre-printed savings withdrawal slip. The check is required to verify your Bank Account Number and Federal Reserve Routing Number which are necessary to process the transactions through the Banking System. Return the documents to:

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

This process usually takes a month to complete. You will be notified in writing as to when the first payment will be deducted from your account. Please continue to make your monthly payments until you receive this notice.

You may be charged a fee for returned items in accordance with the Alabama law governing dishonored checks, as that law may be amended from time to time.

Authorization for Electronic Payments

I authorize Auburn University to automatically deduct from my checking or savings 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 returned unpaid.

Name _____ Student Social Security # _____ (_____) _____ Daytime Phone # _____

Address _____ City _____ State _____ Zip _____

Bank Name _____ Phone # _____ Branch (if any) _____ Bank Account Number (from bottom left of check) _____

Amount to be deducted each month \$ _____ from (check one) Checking _____ or Savings _____

Date you would like ACH process to begin _____ Month, Date, and Year, all payments are processed on the 20th of the month - ie 1/20/00 for payment due on 2/1/00)

Signature of individual whose account will be charged (Debited)

**(ATTACH A VOIDED CHECK TO VERIFY THE NUMBER
ABOVE OR A COPY OF A PRE-PRINTED SAVINGS
WITHDRAWAL SLIP.)**