

AUTOMATIC PAYMENT PLAN
AUTHORIZATION AGREEMENT

Borrower's Name: _____

Borrower's Social Security Number: ____ - ____ - ____

Lending Institution: University of St. Thomas

Address: _____

Telephone: (____) _____

Email Address: _____

I hereby authorize University Accounting Service as an agent for my lending institution to initiate debit entries to my bank account listed below. I agree that the amount required to keep my student loan(s) current as disclosed in my promissory note(s), truth-in lending statement(s) and repayment schedule(s) shall be debited. A debit will occur on the first of each month that payment is due. This authority will remain in effect until University Accounting Service receives Written notification from me of its termination and in such manner as to afford UAS a reasonable opportunity to act on it. I agree that this agreement will terminate if my account should lack sufficient funds for payment or should it be in other than good standing.

I hereby authorize my bank to honor all debits initiated through University Accounting Service.

Account Type:

Check One: ____ Checking ____ Savings

Bank Account Number: _____

ABA Routing Number (9 digits): _____

Signature: _____

Date Signed: _____

Return this form and voided check or savings account deposit to:

University Accounting Service
PO BOX 932
Brookfield WI 53008-0932