

Student Aid Foundation, Inc. (Service Provider)

Recurring ACH Debit Payment Authorization Form

All information must be typed or printed.

Please return via Fax: (770) 973-2220 or mail: 1266 West Paces Ferry Road, Suite 577, Atlanta, GA 30327.

Customer Information

Name: _____
First Middle Last

Date of Birth: _____
MM/DD/YYYY

Address: _____

Last 4 Digits of SSN: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____
(###) ###-####

Work Phone: _____
(###) ###-####

Driver's License Number: _____

Driver's License State: _____

Customer Account Information

Bank: _____

Bank Phone: _____
(###) ###-####

Routing Number: _____

Account Number: _____

ACH Payment Plan Schedule for Recurring Debit

The Recurring ACH Debit Payment will occur/initiate on the 1st of each month.

The 1st payment via the Recurring ACH Debit Payment process will take place by your next required monthly payment on the 1st of the upcoming month if received no later than 5 business days prior to this date. If any timing differences are identified, you will be contacted via phone and email by a Student Aid Foundation, Inc. representative at the contact information we have on file.

Payment Amount: \$ _____

*The payment amount may not be less than the required monthly payment in accordance with the borrower's repayment plan. If an amount is not supplied or is entered for less than the required payment then the payment amount will default to the Borrower's required monthly payment.

Mail an actual voided check or fax a copy of a voided check with this form.

Payment Authorization

I authorize my Bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and Bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and Bank reasonable opportunity to act (Minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to the Service provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new Recurring ACH Debit Payment Authorization Form.

I understand that I am responsible for maintaining and providing current contact information to the Student Aid Foundation, Inc. including any phone numbers (mobile, home, etc.), email address(es), and mailing address(es). All other changes such as payment amount, bank account number change, will require a new Recurring ACH Debit Payment Authorization Form to be filled out and submitted to the Service Provider 20 days prior to any change being implemented. (This takes in consideration the 15 day prior submittal required by the Merchant.) I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$30.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the Bank, and the Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____

Date: _____

A voided check from the customer's bank account must accompany this authorization form.