



Oregon State University
P.O. Box 1086
Corvallis, Oregon 97339-1086
Telephone: 541-737-3778 Fax: 541-737-4099
E-Mail : Student.Loans@oregonstate.edu

Dear Borrower:

You can now make your loan payments automatically. To sign up for our automatic bill payment plan, simply complete the authorization agreement at the bottom of this letter and return it to the OSU Student Loan Office in the enclosed envelope. You must also enclose a blank, unsigned check marked "void" from the checking account to be drafted, or a savings account deposit slip. PLEASE DO NOT SEND IT TO OUR PAYMENT PROCESSING SERVICE ADDRESS IN PORTLAND.

Below is additional information about automatic bill payment:

- If your authorization is received before the end of the month, your payment will be transferred on the 15th of the next month, or the first working day after the 15th of the month;
• YOU WILL BE NOTIFIED WHEN THE AUTOMATIC PAYMENT PLAN BECOMES EFFECTIVE. PLEASE CONTINUE TO MAKE YOUR PAYMENTS UNTIL YOU ARE NOTIFIED;
• You will receive an annual statement of account, or upon your request;
• A \$15.00 service charge will be added to your student loan account if there are insufficient funds in your checking/savings account on the day of withdrawal;
• If you change banks, you must complete another authorization form, allowing the OSU Student Loan Office sufficient time to act on this notice;

If you have any questions, please contact us at the above address or telephone number.

The Staff of the OSU Student Loan Office

COMPLETE FORM BELOW AND RETURN TO THE STUDENT LOAN OFFICE WITH YOUR VOIDED CHECK OR SAVINGS DEPOSIT SLIP. NO CHECKING ACCOUNT DEPOSIT SLIPS.

Authorization Agreement for Automatic Payments

(PLEASE PRINT)

NAME _____ SSN _____

ADDRESS _____
STREET CITY STATE ZIP CODE

HOME PHONE NO. () DAYTIME PHONE NO. ()

FINANCIAL INSTITUTION _____ LOCATION _____ BRANCH/CITY/STATE

ACCOUNT NO. _____ [] Checking [] Savings AMOUNT TO TRANSFER (IF MORE THAN REGULAR PAYMENT) \$ _____

I AUTHORIZE OREGON STATE UNIVERSITY TO TRANSFER MY MONTHLY LOAN PAYMENT FROM MY CHECKING/SAVINGS ACCOUNT ON THE NEXT SCHEDULED DUE DATE. I UNDERSTAND THAT THE AUTOMATIC TRANSFER WILL BE MADE ON THAT DATE EACH MONTH, OR ON THE FOLLOWING BUSINESS DAY, IF THAT DATE FALLS ON A WEEKEND OR HOLIDAY. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL I HAVE GIVEN WRITTEN NOTIFICATION TO TERMINATE THIS AUTHORIZATION, OR IF APPLICABLE, WHEN MY OSU STUDENT LOAN IS PAID IN FULL.

SIGNATURE OF BORROWER

DATE

-PLEASE ENCLOSE A VOIDED BLANK CHECK/SAVINGS DEPOSIT SLIP WITH THIS FORM. CHECKING ACCOUNT DEPOSIT SLIPS CANNOT BE ACCEPTED-