



# Student Loan Automatic Payment Authorization

(Please send completed form to:)  
University of Oregon  
Business Affairs/Student Loans  
P. O. Box 3237  
Eugene, OR 97403-0237

To sign up for our Automatic Bill Payment Plan, complete this authorization and mail it, with a voided check from your checking account or a deposit slip for your savings account, to the address at the top of this form. (DO NOT send the form to the Portland payment processing center!) We regret that we are not able to extend this service to borrowers using foreign banks, investment banks, or money market accounts.

Your payment will be deducted from your checking/savings account on the fifth business day of every month for accounts on monthly billing, or of every quarter (January, April, July, October) for accounts on quarterly billing. You will continue to receive your billing reminder notices as scheduled, but they will contain a message indicating the date your account will be debited. **If you do not see such a message on your bill, mail your payment as usual**—either your request was not received early enough prior to that billing cycle, in which case the automatic payment should begin the next billing cycle; or your automatic payment eligibility has been revoked.

“If your ACH payment is returned to the UO unpaid for **any reason**, a Returned Payment Processing Fee of \$20 will be assessed. If a second ACH payment is returned unpaid, you will be assessed an additional \$20 fee, **AND** your eligibility for Automatic Bill Payment will be permanently revoked.”

Authorization forms must be received by the first of the month prior to the installment due date to allow time for processing. If you change banks you must complete a new authorization form.

Name \_\_\_\_\_ SSN/ID \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Bank/Credit Union \_\_\_\_\_ Location \_\_\_\_\_

Checking/savings account number \_\_\_\_\_

**I AUTHORIZE THE UNIVERSITY OF OREGON TO TRANSFER MY LOAN PAYMENT ON THE SCHEDULED DATES AS DESCRIBED ABOVE. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL I HAVE GIVEN WRITTEN NOTIFICATION TO TERMINATE IT, UNTIL THE UNIVERSITY HAS CAUSE TO REVOKE IT, OR UNTIL MY STUDENT LOAN IS PAID IN FULL.**

Signature of borrower \_\_\_\_\_ Date \_\_\_\_\_

ATTACH CANCELLED CHECK/DEPOSIT SLIP HERE