STUDENT LOAN SERVICE CENTER

LOAN SERVICE PROVIDED BY THE STATE UNIVERSITY OF NEW YORK

ACH Authorization for Automatic Loan Payment

I authorize the State University of New York Student Loan Service Center (SUNY SLSC) to deduct my monthly student loan payment through the Automated Clearing House (ACH) on the **10th day of each month, or the next business day following, should the tenth day fall on a Saturday, Sunday or holiday**. I will continue to make regularly scheduled payments until I receive written confirmation that the automatic payments will begin.

This authorization will remain in effect until my loan balance is paid in full or I provide thirty (30) days written notice should I decide to change or revoke this agreement. I understand that the SUNY SLSC can revoke my participation in this program at any time. I understand that I will be charged a $20.00 fee if the ACH withdrawal is unsuccessful from the account on file.

Borrower's 9 digit Student ID: 898 _____ Or the last 4 digits of your SSN: ___ ___ ___ ___

Borrower's Name: _____

Street Address:_____

City: _____ State:_____ Zip:_____

Cell Phone Number:_____ Home Phone Number:_____

Email Address: _____

U.S. Bank Name/Branch: _____

Please Check One: CHECKING   or   SAVINGS

Provide your bank's Routing and Account numbers below

Routing #: __ __ __ __ __ __ __ __ __   **Account #**: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Monthly Draft Amount: $_____ (must be equal to at least the required minimum monthly payment) If requesting ACH for more than one loan, please provide the total deduction for all loans combined and attach a separate note detailing how you wish to have this payment applied to each loan.

BY SIGNING THIS FORM YOU ARE AUTHORIZING THE SUNY SLSC TO WITHDRAW ALL AMOUNTS PAST DUE, ALONG WITH THE MONTHLY PAYMENT DUE, ON THE FIRST SCHEDULED ACH WITHDRAWAL.

Authorizing Signature (type your name):_____ Date:_____

Return this completed payment authorization with a voided check, if available, to one of the following:

Email: slsc@albany.edu
Fax: (518) 525-2600
Mail: SUNY SLSC, 5 University Place, Rensselaer, N.Y. 12144

10/2023