



ACH Authorization for Automatic Payment

I authorize the State University of New York Student Loan Service Center (SLSC) to deduct my monthly student loan payment through the automated payment program on the tenth day of each month, or 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 funds for my payment are not available on the scheduled date of the debit.

Student Loan Identification Number or the last 4 digits of your SSN: _____

Printed Name: _____

Address: _____

Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

Cellular Telephone Number: _____

Email Address: _____

U.S. Bank Name/Branch: _____

Please Circle One: CHECKING or SAVINGS

Total 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: _____

Return with a voided check to:

SUNY SLSC, 5 University Place, Rensselaer, NY 12144, or to slsc@albany.edu, or by facsimile to 518-525-2600.

Attach Voided Check Here
Or provide the Routing and Account numbers below

Routing #: _____ **Account #:** _____

3/2015