



### ACH Authorization for Automated Monthly 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 payment program on the **10<sup>th</sup> 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.

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

U.S. Bank Name/Branch: \_\_\_\_\_

**Please Circle One:**      **CHECKING**      or      **SAVINGS**

**Attach Voided Check (Preferred method) Or Provide the Routing and Account numbers below**

**Routing #:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Total Recurring 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: \_\_\_\_\_

**Note: Your loan must be in repayment status to initiate the ACH withdrawal. If your loan is currently in its grace period, you must send written consent indicating the date that you wish to begin repayment.**

**Return this completed form with a voided check to one of the following:**

Mail: SUNY SLSC, 5 University Place, Rensselaer, N.Y. 12144

Email: [slsc@albany.edu](mailto:slsc@albany.edu)

Facsimile: (518) 525-2600

3/2019