



# AUTO-PAYMENT AGREEMENT

Please print, complete and return to:

**National Education Servicing**  
200 W. Monroe Street, Suite 700  
Chicago, IL 60606-5075

I (we) hereby authorize National Education Servicing and the financial institution named below to initiate withdrawals to my (our) checking/savings account. This agreement will remain in effect until I notify National Education Servicing to cancel the auto-pay program and within enough time as to afford the financial institution(s) a reasonable opportunity to act on the cancellation or until my student loan with National Educational Servicing is paid in full. I understand that I can stop payment of any withdrawal by notifying my financial institution three days before my account is charged. I may revoke my authorization at any time by cancelling my auto-payment agreement online, notifying a Customer Service Representative at 800-345-4325, or by writing to National Education Servicing at 200 W. Monroe Street, Suite 700, Chicago, IL 60606. The deducted amount must be equal to or greater than my current monthly payment and is subject to change based on my repayment terms if my loan is in a Graduated Repayment plan. If the payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.

**PLEASE INCLUDE: A voided check for checking withdrawals or a deposit slip for savings withdrawals**

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Financial Institution Phone Number: \_\_\_\_\_

Account Type:                      Checking\_\_\_\_\_                      Savings\_\_\_\_\_ (check one only)

Account Number: \_\_\_\_\_

Financial Institution Routing #: \_\_\_\_\_

Monthly Withdrawal Date: \_\_\_\_\_ (1<sup>st</sup> – 28<sup>th</sup> only)

Monthly Payment:                      I authorize this amount to be deducted from my account each month:  
\$ \_\_\_\_\_ (must at least equal the regular monthly payment)

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_                      Telephone Number: \_\_\_\_\_

**If your account is a Joint Account, both account holders must sign.**

Signature 2: \_\_\_\_\_

Full Name 2: \_\_\_\_\_

Date: \_\_\_\_\_                      Telephone Number: \_\_\_\_\_