

Payment Remittance Coupon

Date (mm/dd/yyyy): _____

Payment submitted by: Borrower Cosigner (name): _____ Other

If borrower or cosigner is submitting a payment, the payment instrument must include his / her name for proper payment application to occur. Payable to: Texas Higher Education Coordinating Board or THECB. (Please do not send cash.)

Mail payment remittance coupon & payment to: Texas Higher Education Coordinating Board, P.O. Box 12788, Austin TX 78711-2788

Any communication concerning disputed debts, including an instrument tendered as full satisfaction of this debt, must be sent to:

Reference or Account #: _____

Borrower's name: _____

Check #: _____

Total payment amount: \$ _____

*Consumer Disputes
Texas Higher Education Coordinating Board
1200 E. Anderson Lane
Austin, Tx 78752-1743*

Please apply my payment as follows (payments will be applied proportionally to the overall accounts):

BOT (BT): \$ _____ * CAL (CL): \$ _____ GSL (TX): \$ _____ HEAL (DH): \$ _____
HELP (HP): \$ _____ SLS (TX): \$ _____ TASSP (ASP): \$ _____ TFT (TF): \$ _____

* I am a cosigner on the following loans and request that my payment be applied proportionally to these loans:

(list loans, i.e.: 01, 04, 07)

Borrower / Cosigner: please include any change in your

Address: _____

City, St, Zip: _____

Email: _____

Signature: _____

Phone #: () - _____

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