## AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

Borrower's Name:		
Borrower's Social Security Nu	ımber:	
Lending Institution: University	y of St. Thomas	
Address:		
Telephone: ()		
Email Address:		
to initiate debit entries to my to keep my student loan(s) cur statement(s) and repayment so each month that payment is Accounting Service receives anner as to afford UAS a rea will terminate if my account so other than good standing.	bank account listed bank account listed bank as disclosed in a shedule(s) shall be dedue. This authority written notification asonable opportunity should lack sufficient	e as an agent for my lending institution below. I agree that the amount required my promissory note(s), truth-in lending ebited. A debit will occur on the first of will remain in effect until University from me of its termination and in such to act on it. I agree that this agreement at funds for payment or should it be in mitiated through University Accounting
Account Type: Check One:	Checking	Savings
Bank Account Number:	_	
ABA Routing Number (9 digit	ts):	
Signature:		
Date Signed:		
Return this form and voided cl	heck or savings acco Jniversity Accountin	

PO BOX 932 Brookfield WI 53008-0932