

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (DEBITS)

I hereby authorize Whitworth University to initiate debit entries to my account identified below and if necessary, credit entries and adjustments for debit entries made in error to my account identified below, and the depository named below, hereinafter called BANK, to debit and/or credit the same to said account. NOTE: WE MUST HAVE A VOIDED CHECK TO SET UP AUTOMATIC WITHDRAWAL FOR YOU.

Bank Name	Branch	Account Number
Bank Routing Number	City, State, Zip	

This authority is to remain in full force and effect until Whitworth University has written notification from me of its termination in such time and such manner as to afford Whitworth University a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to Bank *at least three days prior to my next payment.*

I understand that I must continue to make regular payments until I am notified that my automatic withdrawal application has been processed and is accepted into the program.

My student loan payments will be deducted from my account on the 15th day of each month. If the 15th of the month falls on a weekend, my payment will be taken from my bank account the Friday preceding the weekend.

If my automatic withdrawal is returned due to non-sufficient funds more than three times, this agreement will be voided and payment in the form of a cashier's check or money order will be required each month.

Payment Amount <input type="checkbox"/> Perkins \$		Payment Amount <input type="checkbox"/> Institutional \$	
SSN or Student ID		Date Signed	
Mailing Address (City,State,Zip)			
Daytime Telephone	Cell Phone	E-Mail Address	
Customer Name (Please Print or Type)			
Customer Signature			

Please complete the authorization agreement above and **mail with a voided check to:**

Whitworth University
Student Loan Office
300 W Hawthorne Road
Spokane, WA 99251