Automatic Payment Plan (EFT) Application

Borrower Name: _____ Student Loan Account No.: _____

Borrower Home Phone: ( ) _____ Borrower Work Phone: ( ) _____

I hereby authorize Iowa Student Loan Liquidity Corporation (Iowa Student Loan), also agent for CollegeInvest, to deduct from the account detailed below an amount equal to or greater than the payment due CollegeInvest on a monthly basis. I understand this debit will be made on the account's payment due date, unless such day is a holiday or weekend, when the payment will be made on the first business day after the due day. This authorization will remain in effect until my account is paid in full, or until I notify CollegeInvest, at least 7 business days in advance, to terminate this agreement.

Bank Information

Financial Institution Name: _____

Financial Institution Address: _____

_____

Bank Account Number: _____

Bank Account Holder's Name: _____

Bank Account Holder's Signature: _____

Check One: ☐ Checking (If paying from a checking account, **please attach a voided check.**)

☐ Savings Transit/ABA Number (Nine digit): _____
(Necessary if using a savings account.)

Optional: ☐ Yes, I would like to increase my monthly payment by an **additional** amount of $ _____.

I understand that the new higher payment amount will be my regular monthly payment.

Please note: It will take 30 to 60 days to set up your automatic payment account. To ensure your payments are made on time, you will need to submit your monthly payments in the standard format until you are notified that the automatic withdrawal has started.

Please mail completed form to:
CollegeInvest
Ashford II Building
6775 Vista Drive
West Des Moines, IA 50266-9305
(800) 886-1981