



## Auto-Debit Payment Authorization Form

Student Loan Account Number: \_\_\_\_\_

Student Loan Borrower Name: \_\_\_\_\_

Student Loan Borrower Telephone (primary): \_\_\_\_\_

Student Loan Borrower Telephone (alternate): \_\_\_\_\_

### Payment and Loan Information

Authorized Debit Amount (Select one.)

Monthly installment amount only.

Monthly installment amount plus an additional \$ \_\_\_\_\_ each month.

Please select the loan(s) the debit should be applied to. (Select one.)

All

Only to loan sequences: \_\_\_\_\_

### Financial Institution Information

Account Holder's (checking/savings) Printed Name: \_\_\_\_\_

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

Financial Institution Routing Number: \_\_\_\_\_

Account Number (checking/savings): \_\_\_\_\_

Account Type (Select one.)

Checking

Savings

### Checking/Savings Account Holder Authorization

I authorize Iowa Student Loan® to initiate preauthorized electronic funds transfers and debit the authorized debit amount indicated above from the designated checking or savings account listed above. I understand this debit will be made each month on the account's payment date due. If the payment date due falls on a weekend or holiday, the account will be debited on the next business day. This authorization will remain in effect until the student loan account is paid in full, or until I notify Iowa Student Loan to terminate this agreement.

Iowa Student Loan must receive a request to terminate at least five business days before the scheduled payment date due. Termination requests are to be made by speaking to a representative at the number below or writing to the address below. During periods of deferment or forbearance, Iowa Student Loan will not debit the account. However, debits will automatically resume after the end of any deferment or forbearance unless a request to terminate as described above has been received.

The required monthly installment amount can change for reasons such as interest rate increases and capitalization of interest after deferment or forbearance. I understand that if the minimum monthly installment amount changes, the authorized debit amount will also change to the new required monthly installment amount plus any optional additional amount I authorized above. The new monthly installment amount will be provided on a billing statement.

**Signature** Checking/Savings Account Holder's Signature: \_\_\_\_\_

Please send the completed form to:  
Iowa Student Loan  
P.O. Box 7150  
Des Moines, IA 50309-7150  
Fax: (515) 223-9535

For more information, call Iowa Student Loan toll free at (800) 243-7552 or visit [www.studentloan.org](http://www.studentloan.org).

**Retain a copy of this form for your records.**