



## Auto-Debit Payment Authorization Form

Borrower Name: \_\_\_\_\_ Student Loan Account No.: \_\_\_\_\_

Borrower Home Phone: ( ) \_\_\_\_\_ Borrower Work Phone: ( ) \_\_\_\_\_

Loan Type(s) for which payment is to be applied:

- ALL
- Partnership Loan
- Consolidation Loan
- Scholar's Advantage Loan
- Stafford Loan
- Health Degree
- PLUS Loan
- Other

I hereby authorize Iowa Student Loan Liquidity Corporation (Iowa Student Loan), also agent for CollegenInvest, to deduct from the account detailed below an amount equal to or greater than the payment due Iowa Student Loan 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 date. This authorization will remain in effect until my account is paid in full, or until I notify Iowa Student Loan, at least seven business days in advance, to terminate this agreement.

### Bank Information

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

Financial Institution Address: \_\_\_\_\_  
\_\_\_\_\_

Bank Account Number: \_\_\_\_\_

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.)

Bank Account Holder's Name: \_\_\_\_\_

Bank Account Holder's Signature: \_\_\_\_\_

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:  
Iowa Student Loan  
Ashford II Building  
6775 Vista Drive  
West Des Moines, IA 50266-9305