

DIRECT PAYMENT AUTHORIZATION

I (we, if the account is held jointly) hereby authorize the Utah Higher Education Assistance Authority (UHEAA) to withdraw my (our) monthly student loan payment from my (our) account each month. This authorization is to remain in full effect until my (our) student loan or loans have been paid in full, or until UHEAA has received written notification from me (us) of its termination, and UHEAA has had a reasonable opportunity to act on the termination notification.

BANK INFORMATION	
Bank Name	
Bank Address	City/State/Zip
Routing Number (first nine #'s on check scan line)	Checking Account Number

You must attach a voided check to verify the routing number.

CLIENT INFORMATION	
Name on Checking Account	Second Name on Checking Account (if applicable)
Home Address	City/State/Zip
Primary Phone Mobile <input type="checkbox"/> Landline <input type="checkbox"/>	Alternate Phone Mobile <input type="checkbox"/> Landline <input type="checkbox"/>
UHEAA Account Number	Withdraw the following amount(s) on
I agree to rehabilitate my defaulted student loans: Yes <input type="checkbox"/>	Month to Begin Direct Payment Withdrawals

AUTHORIZATION	
Name	*Name (If bank account is a joint account)
Date	Date
X	*X

*Must be signed by both parties if joint bank account.

I authorize UHEAA to contact me regarding my request or my loan(s), including repayment of my loan(s), at the number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.