

DIRECT PAYMENT AUTHORIZATION (DPA)

Borrower Information																					
Borrower Name	UHEAA Account Number																				
Street Address	City/State/Zip																				
Primary Phone	Alternate Phone																				
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										
Mobile <input type="checkbox"/> Landline <input type="checkbox"/>	Mobile <input type="checkbox"/> Landline <input type="checkbox"/>																				

Bank Information <i>Please Print Clearly</i>																					
Bank Name																					
ABA/Routing Number	Account Type (Check One)																				
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											Checking <input type="checkbox"/> Savings <input type="checkbox"/>										
Bank Account Number																					
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Bank Account Holder's Signature (Only if different from borrower or if bank account is a joint account*)		
Name (please print clearly)	Signature	Date

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

Payment Withdrawal Information	

I (we, if the account is held jointly) hereby authorize UHEAA to withdraw my monthly student loan payment from the bank account listed each month and request the withdrawals begin as soon as possible. I understand DPA will remain in effect until one of the following has occurred: 1.) my defaulted student loan account has been paid in full, 2.) the default has been resolved (e.g. through the completion of Loan Rehabilitation or loan consolidation), 3.) UHEAA has received written notification from me (us) to cancel DPA. I acknowledge any written request to suspend or cancel DPA must be received by UHEAA no less than 10 business days prior to the scheduled draw date and UHEAA must have a reasonable opportunity to act on the cancellation notification. I understand that if a payment is returned by my banking institution, for any reason, I will be charged a \$15.00 fee. I understand that DPA may be cancelled if any of the following occur: 1.) I have two or more incidents of non-sufficient funds, I lapse on my repayment agreement, or a payment is returned for any other reason (e.g. stop payment, closed account, invalid account/routing number etc.). 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.

Borrower's Signature

Date