



UTAH HIGHER EDUCATION ASSISTANCE AUTHORITY

AUTOMATIC PAYMENT REQUEST FORM

Borrower Information

Last Name Middle Initial

First Name UHEAA Account #

Street Address

City State ZIP

Country (if outside the U.S.)

Phone Alt.

E-mail*

*An e-bill will be sent to you at this e-mail address for as long as you are signed up on automatic payments.

Borrower Acknowledgement & Authorization

"I hereby authorize UHEAA, or its designated servicing agent, to initiate debit entries to my checking or savings account (hereinafter referred to as 'account') at my bank or credit union. I acknowledge this authority will remain in effect until I cancel it by written notice received by UHEAA or its designated servicing agent 10 days prior to the next scheduled payment due date, or until I am sent written notification of termination from UHEAA or its servicing agent. I understand if a debit is returned due to insufficient funds in my account, or if I close my account without adequate notice to UHEAA or its servicing agent, I may be charged a returned item fee in the amount of \$15.00, or a lesser amount if required by state law. I understand lack of adequate funds in my account to cover the payment may result in cancellation of this automatic payment service. I acknowledge cancellation of automatic payments will result in the loss of the reduced interest rate borrower benefit. I further understand and agree if this automatic payment service is cancelled my billing will revert to monthly statements. If I have delinquent loans at the time of this request, I further agree to allow UHEAA, or its servicing agent, to grant me a forbearance for all my payments due (and not paid) before the begin date of my automatic payment request. If I am delinquent, I hereby affirm my intent to repay this student loan obligation in full but I have been temporarily unable to make payments due to financial difficulties. I acknowledge if my student loan account is placed in forbearance, all unpaid interest will be capitalized. I understand this may result in an increase in my monthly payment. I understand and agree if the amount of my regular monthly payment changes due to capitalized interest, an adjustable rate interest change, or other reasons, the amount of the automatic debit will also change and I will be mailed a summary disclosing my new payment amount. I agree to have bills sent to me electronically while on automatic payments. I authorize UHEAA to send a copy of this completed form to the primary bank account holder."

Borrower's Signature: _____ Date:

Bank Account Holder's Signature (only if different from borrower)

Bank Account Holder's Signature: _____ Date:

Last Name Middle Initial

First Name Phone

Street Address

City State ZIP

Name of Bank or Financial Institution: _____ Check One: Checking Savings

ABA/Routing # Account #

(Please see reverse side for help.)

Check One: Minimum Monthly Amount Monthly Amount + An Additional: \$

Special Instructions (Optional): _____

YOUR NAME
ADDRESS
CITY, STATE, ZIP

DATE _____

1045

PAY TO THE ORDER OF _____

\$

_____ DOLLARS

YOUR FINANCIAL INSTITUTION

MEMO _____

⑆ 1 2 3 4 5 6 7 8 9 ⑆

⑆ 0 0 0 0 0 4 7 5 8 ⑆

1045

ABA Routing Number

Account Number