

Instructions – Please complete all 4 steps.

If you would like to authorize Educational Computer Systems Inc., on the behalf of Creighton University, to deduct your monthly payments by automatic deduction, please:

1. Complete the form below. If your account is a joint account, both account holders must sign this form.
2. Attach a voided, unsigned check to the form.
3. Return the original form and the voided check to Creighton University.
4. Retain a copy of this form for your files.

We will process your account for automatic deduction as soon as possible after we receive your signed form. The authorization form must reach our office by the 10th of the current month to begin your automatic payment for the following month. Therefore, if you receive any additional student loan bills after sending in this form, please call our office before making the payment shown on that bill.

ACH AUTHORIZATION FORM

I (we) hereby authorize Educational Computer Systems Inc., on behalf of Creighton University, to initiate debit entries to my (our) account in the named institution below, and I (we) authorize the institution to accept and debit the amount of such entries to my (our) account. Each debit shall be made each month in an amount equal to the withdrawal amount indicated below.

_____ Checking _____ Savings (Please Check One)

Bank (Institution) or Credit Union Name

Address

City State Zip

Transit/ABA Number (First nine digits encoded on bottom left side of your check)

Account Number \$ Withdrawal Amount

Withdrawal Date: _____ 1st _____ 10th _____ 20th*
(*Please note: Loans are due on the 1st day of the Month and late fee takes effect on the 13th of the month, if you choose the 20th as your withdrawal date, your loan must be paid one month in advance.)

Start Date: _____ (mm/yy)

This authorization is to remain in full force and effect until all amounts payable to the school, for my student loan(s) are paid in full or until I revoke the agreement as hereinafter provided. Any revocation shall not be effective until Educational Computer Systems Inc. (ESCI) or Creighton University has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give ECSI or Creighton University a reasonable opportunity to act on it. I understand that I will be notified of any payment changes debited to my account.

Educational Computer Systems Inc. or Creighton University reserves the right to cancel a borrower's participation at any time.

Borrower's Name Social Security Number

Account Holder's Name (please print) Holder's Signature

Joint Account Holder's Name (please print) Joint Holder's Signature

Date of Authorization Account Holder's Telephone Number E-mail

**Please Return Form to: Creighton University Business Office
2500 California Plaza
Omaha, NE 68178**