

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DRAFT

I authorize the **Financial Collections** to initiate electronic draft entries on my checking or savings account as such amounts become due. **I will continue regularly scheduled payments until I receive written confirmation of my participation in the automatic direct draft.**

BANK NAME/BRANCH: _____

CHECKING ACCOUNT NO: _____

BANK TRANSIT ROUTING NO: _____

DIRECT DRAFT AMOUNT \$ _____ WILL BE TAKEN MONTHLY on the 25th of the month. I want the payment to start _____. If the 25th falls on a Saturday, Sunday or a holiday, the deduction will be run on the next business day.

I have the right to stop Automatic Direct Draft of my payments by sending a written request to the lender 30 days before the date my account is charged.

Name (Please Print) _____

Address _____

Home Telephone No: _____

Work Telephone No: _____

Signature _____ Account Number _____ Date _____
(Must be signed by the name on the account.)

RETURN COMPLETED FORM WITH A VOIDED CHECK TO:

Minnesota State Colleges & Universities
Financial Collections
Wells Fargo Place
30 7th St E., Suite 350
St Paul, MN 55101-7804

Questions? Call 651-917-4700