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CheckmateII™

Save a stamp. Hold onto your checks. ACS has an easier way to pay. With ***CheckmateII™***, your loan payment is automatically deducted from your bank account each month. And best of all, it is absolutely FREE. Consider the following:

- ✓ ***CheckmateII™*** works in cooperation with your bank. Just complete the authorization form below, include a voided check from your Checking Account or a deposit slip from your Savings Account, and your monthly bill will be automatically paid by your bank and itemized on your bank's monthly statement.
- ✓ Your regular monthly payment will be deducted from your bank account and applied as of the assigned due date each month.
- ✓ ***CheckmateII™*** is the most convenient way to make your student loan account payment. You will save time and money, as well as eliminate the hassle of writing checks.
- ✓ If you decide to cancel the service later, just contact ACS, and we will take care of the rest. Please allow thirty (30) days to resume normal billing.
- ✓ If you have more than one student loan account, just include the account numbers you wish to place on automatic payment. Each account will be itemized separately on your bank's monthly statement.

IMPORTANT

1. Fill out the application completely. You can find your account number on your bill or coupon book. If multiple accounts are to be included, please enter each complete account number. Sign the application.
2. If you are using a Checking account, write "VOID" across the face of a single BLANK check. If you are using a Savings account, provide a single BLANK deposit slip. **Only bank accounts based in the United States can be serviced. Bank routing numbers must begin with 0, 1, 2 or 3.**
3. Enclose the completed application and the voided check or deposit slip in an envelope addressed to the address below.
4. You must make your regular payments until you are notified that your application has been processed. Please allow 5 to 7 days for your request to be processed.
5. This application does NOT apply to NDSL/Perkins Loans.

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*****MAIL THIS PORTION WITH "VOID" CHECK or SAVINGS ACCOUNT DEPOSIT SLIP TO THE ADDRESS BELOW *****

I (Bank Account Holder), _____, hereby authorize ACS to automatically debit my [ ] checking or [ ] savings* bank account on a monthly basis for the regularly scheduled payment amount. I understand that each automatic withdrawal will occur on the account's (student loan) regular scheduled due date. I further understand that the total amount of the monthly automatic debit may change based on the agreed upon student loan repayment plan adjustments or if the borrower requests a different repayment plan.

I (Borrower), _____ will continue to make monthly payments until I receive written notification that the automatic withdrawals are to begin. If, however, my account is past due at the time this application is processed, I request ACS to apply a forbearance to cover the delinquency, up to and including the month prior to the first payment debit if the terms of my loan allow forbearance. I understand that any unpaid interest accrued through the end of this forbearance will be capitalized (added to my principal balance), and that the total amount of my monthly automatic debit may increase as a result. I further understand that, if my total monthly payment amount increases for any reason, ACS will notify me.

I understand that my request for ***CheckmateII™*** may be denied for any reason. If my request is approved, I reserve the right to discontinue my participation in the ***CheckmateII™*** program at any time and agree to notify ACS in writing or by telephone at least 30 days prior to the date on which I want monthly withdrawals to cease.

ACS Account Number(s):

___ ___ ___ - ___ ___ - ___ ___ ___ ___ - ___
___ ___ ___ - ___ ___ - ___ ___ ___ ___ - ___
___ ___ ___ - ___ ___ - ___ ___ ___ ___ - ___
___ ___ ___ - ___ ___ - ___ ___ ___ ___ - ___

Borrower's Social Security #: _____ - _____ - _____
Borrower's Address: _____
City, State, Zip _____, ___, _____
Daytime Phone ( ) _____ - _____
Email address (optional) _____

Bank Account Holder Signature _____ Date ___/ ___/ ___
Borrower Signature (If different from Bank Account Holder) _____ Date ___/ ___/ ___

RETURN APPLICATION AND "VOID" CHECK TO:
CheckmateII™
c/o ACS
P.O. Box 7053
Utica, NY 13504 – 7053

* If using a Savings Account, include proper ACH routing number.