633 Spirit Drive
Chesterfield, MO 63005
888-866-4352

Dear Borrower,

Attached please find the Auto Debit Request for you to download and return to MOHELA. Please carefully read through the instructions and other information listed on the form prior to completing your request. Remember to review the completed form to ensure that all required fields are complete, and that any required documentation (if applicable) is attached. For your convenience, we have provided our contact information below.

Please mail your completed form to:	**MOHELA** **633 Spirit Drive** **Chesterfield, MO 63005**
Or fax your request to:	**(866) 222-7060**

We will process your request as soon as it is received in our offices. You are welcome to send your request via either of the above-listed methods; however, faxing your request allows MOHELA to receive and process your request faster than if it is sent via mail.

We look forward to providing you with continued quality service. You will be notified by mail regarding the approval or denial of your request or if any further information is needed once your submission has been processed.

MOHELA
Loan Servicing

AUTO DEBIT APPLICATION

Stafford ▪ GradPLUS ▪ Parent PLUS ▪ CASHLoan ▪ SHARP Loan Consolidation®

BORROWER INFORMATION (Please Print)

Borrower Name: _____ Borrower SSN: ____-___-_____

Borrower Address: _____

City: _____ State: ____ Zip:_____

Home Phone: ___-_____-_____ Work Phone: ___-_____-_____ Alternate Phone: ____-_____-_____

Email: _____

I am authorizing MOHELA to debit my account electronically for (check one):

- ❍ My FFELP (Stafford, PLUS, GRADPLUS, Consolidation) Loans
- ❍ My CASHLoan Private Student Loans
- ❍ Both my FFELP and my CASHLoan Private Student Loans

FINANCIAL INSTITUTION INFORMATION (Please Print)

Bank or Financial Institution Name: _____

Branch City/State: _____ Phone: _____-_____-_____

This is a (check one):

- ❍ Checking Account ❍ Savings Account

ABA/Routing Number:_____

Checking/Savings Account Number:_____

Amount to be withdrawn (check one):

- ❍ ONLY the Monthly Installment Amount (based on your current repayment schedule)
- ❍ Monthly Installment Amount PLUS AN ADDITIONAL AMOUNT OF: $_____ *

* Indicate the amount that is above your current installment amount. Do NOT write the total withdrawal amount. If you have multiple loans along with multiple due dates, please specify how the additional amount should be applied to your account. If no specifications are indicated, your additional amount will be prorated across all loans and due dates.

Terms and Conditions

By signing and submitting this form, I agree to the following terms and conditions. I authorize MOHELA to initiate electronic debit entries from my financial institution indicated above. If I am past due on any of my loan payments, I hereby request and authorize MOHELA to cover the entire delinquency of my loans with a Temporary Hardship Forbearance.

This authorization shall remain in effect until MOHELA has received notification from me of its termination, until my student loan account is paid in full, or until MOHELA has sent me 10 days written notice of MOHELA's termination. I may change the amount being withdrawn, temporarily suspend, and/or permanently cancel Direct Payment by notifying MOHELA at least 3 business days before my next scheduled monthly installment. I understand that this does not relieve me of my obligation to make my monthly student loan payments when due. I agree that I may be charged a return fee by my financial institution if the funds are not available at the time of the scheduled due date. If 2 or more payments are returned due to insufficient funds, I may become ineligible to participate in the MOHELA Auto Debit. I agree to notify MOHELA in writing of any changes in my financial institution information (i.e. account and/or routing number).

MOHELA will maintain confidentiality of information pertaining to my account/ MOHELA Auto Debit. I understand that MOHELA will attempt to notify me of any changes in the installment amount deducted or scheduled payment date 10 days prior to my next scheduled payment. Once MOHELA has reviewed my MOHELA Auto Debit application, a letter will be sent notifying me of the approval or denial of my request.

_____ ___/___/____ _____ ___/___/____

Borrower Signature Date Bank Account Holder's Signature (required) Date

(If a joint account, both holders must sign)

_____

Bank Account Holder's Printed Name

(If different from Borrower)

*** Please continue to make your payments until you receive confirmation that your automatic debit is active. ***

Once completed, please return this form to:

633 SPIRIT DRIVE • CHESTERFIELD, MISSOURI • 63005-1243
MAIN: 636-532-0600 • 888-866-4352 • Fax: 636-532-0610 • 866-222-7060 • TDD LINE 636-532-5189
www.mohela.com