

The University of Texas at Austin
Automatic Payment Request/Authorization Form
For Monthly Automatic Loan Payments

Complete this form to authorize automatic:

Monthly payments for Perkins or NFLP Loans via Electronic Funds Transfer (EFT) to The University of Texas at Austin directly from your bank account.

Instructions for completing this form:

- PRINT legibly. COMPLETE all blanks (write N/A if not applicable.)
- Your account and routing numbers must be exactly correct. If you are not sure, do not risk routing your funds to the incorrect location. Contact your financial institution for the exact account and routing numbers.
- ATTACH A VOIDED CHECK, reflecting these numbers, to the top of this form. In lieu of a voided check, you may ATTACH A FORM from the institution showing the proper checking/savings account and Automated Clearing House (ACH) routing numbers.
- Complete a new form when you wish to make changes or to cancel this authorization.
- Allow 3 weeks for processing of this paper form.
**Note: The beginning month for the automatic payment must not be greater than 3 months from the date you sign the form.*
- Notification of payments via electronic funds transfers will be sent via E-Mail. If you wish to be notified, please provide your E-Mail address below. You will receive an E-Mail message when your address is added to The Office of Accounting records.
- **Return form to MAIN BUILDING Room 4, or mail to:**
Office of Accounting
The University of Texas at Austin
P O Box Q
Austin, Texas 78713
- Please call (512) 475-7779 option 3, if you have questions about direct deposit or how to complete this form.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS) AND PAYMENTS (DEBITS)

I hereby authorize The University of Texas at Austin, hereinafter called UNIVERSITY, to initiate debit entries from my account indicated below and the depository named below, hereinafter called BANK, to debit the same to such account. This authorization is to remain in force and effect until UNIVERSITY has received written notification from me of its termination in such time and in such manner as to afford UNIVERSITY and BANK a reasonable opportunity to act on it.

STUDENT NAME: _____
Last First Middle

STUDENT ID NUMBER: _____ E-MAIL: _____

SIGNATURE: _____ DATE: _____

Mark, if applicable: I request cancellation or updates to a previous request.

BANK INFORMATION

BANK NAME: _____ CITY: _____

ACH ROUTING NO: _____ ACCOUNT NO: _____

TYPE OF ACCOUNT: Checking or Savings

ACCOUNT OWNER'S NAME(S) IF DIFFERENT FROM ABOVE: _____

ACCOUNT OWNER'S SIGNATURE: _____ DATE: _____

PAYMENT AMOUNT REQUESTED: _____

WHAT **DAY** AND **MONTH** DO YOU WANT YOUR AUTOMATIC PAYMENT TO BEGIN? _____

(*Note: The beginning month can be no more than 3 months from current date)