CSU Loan Express Automatic Withdrawal Form (ACH)

To begin automatic withdrawal from your checking account please:
1. Complete the form below
2. Attach a voided check
3. Specify the amount you wish to have deducted
4. Return this form by mail or fax to (970) 491-2452

Important Notes:

- We are unable to start ACH if you have any outstanding payments or late fees. If your loan is not current, we will contact you with instructions on how to bring your loan current.
- If we receive your form by the 10th of the month and there are no outstanding payments or fees on your loan, ACH will begin on the 1st working day of the following month. For example: if we receive your form by May 10th and your loan is current, ACH will begin on June 1st.
- Payments will be deducted on the 1st business day of each month.
- The amount deducted from your bank account will be the amount you specify below.
- If you would like to confirm your ACH start date, please contact us at (970) 491-6467.

Cancellation and Change Policy

- If you want to cancel ACH, please notify our office in writing no later than 7 business days before the 1st of the month for which you want it cancelled.
- If you need to change your checking account information, please fax or mail us a voided check for the new account and a brief note explaining your request. Your request must arrive in our office no later than 7 business days before the 1st of the month for which you want it changed.

Please contact us if you have questions about your participation in the ACH Loan Express Program or if you have any loan questions, 970-491-6467.

Sincerely,
The Student Loans Receivable Office
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ATTACH YOUR VOIED CHECK HERE

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Please check appropriate box below for payment amount to start on the 1st of ______/2012

(  ) Minimum monthly payment___________   (  ) Other amount $ ___________

I hereby authorize the above monthly ACH payment for my loan until my loan is paid in full or until written notification from myself to discontinue such. I have read and understand the ACH cancellation policy on page 1.

Signature: ______________________________ Date: ______________________________
Printed Name: ______________________________ Student ID #:_____________________
Address: ________________________________ Home or cell phone: ____________________
City,State,Zip: ______________________________ Work phone: _____________________
Email: _______________________________________________________________________

** Please Return Forms to: CSU, Student Loans, 6024 Campus Delivery, FTC-CO  80523-6024 **