

**AUTOMATIC LOAN PAYMENT (ACH) PLAN AUTHORIZATION**

**DIRECTIONS**—Log on to [www.ecsi.net](http://www.ecsi.net) to sign up for the ECSI Automatic Payment (ACH) Plan or follow these directions for completing the form. All bank information requested, including the bank address and phone number, must be completed before this form will be processed. If your automatic payment is debited from a joint account, both account holders must sign this form (Part 2).

**WHEN RETURNING YOUR COMPLETED FORM:** Attach a voided, unsigned blank check from your checking account OR a blank deposit slip from your savings account to the completed form for immediate set up. Return all documents to the address in the upper right corner of this form. Retain a copy of the completed form for your records.

Once your request has been received, you will be sent a confirmation from Student Account Assistance. You must keep Student Account Assistance informed of all changes in your address, as they occur. You will be charged a fee for returned items in accordance with the Minnesota law governing dishonored checks, which may be amended from time to time. Please call 612-625-8007 with questions.

**RETURN THIS FORM TO:**

**Student Account Assistance**  
 University of Minnesota, Twin Cities  
 211 Robert H. Bruininks Hall  
 222 Pleasant St. SE  
 Minneapolis, MN 55455-0239  
 Phone: 612-625-8007  
 Fax: 612-624-2873  
 Email: [stdtloan@umn.edu](mailto:stdtloan@umn.edu)

**To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.**

**PART 1. Borrower's authorization**

I (We) hereby authorize University of Minnesota Student Account Assistance and the bank named below to initiate variable entries to my (our) checking/savings account. I (We) agree that the amount being debited will be the monthly installment amount owed on all my loans as stated on my truth-in-lending letters (repayment schedules). This authority is to remain in effect until all amounts payable by me to the University of Minnesota are paid in full, or upon 30 business days advance written notice. I understand that I must notify Student Account Assistance in writing at least 30 days in advance if I wish to discontinue the deductions or if there are any changes to my bank account. I understand that I will be notified when the automatic payments will begin, and that I must pay all payments due prior to the date in that notice. This method of payment may be cancelled if two (2) transfers in any twelve (12) month period are returned unpaid. Further, I understand that I will be charged a fee for returned items in accordance with the Minnesota law governing dishonored checks, which I understand may be amended from time to time.

Borrower's name (please print last, first, middle)		Student ID or bill account number
Borrower's residential address (street, including apartment number)	Cell phone (include area code)	Home phone (include area code)
City, state, ZIP code	Email address	Work phone (include area code)
Permanent/parent's address (street number, city, state, ZIP code)		Bank routing number
Checking account number	Savings account number	
<b>OR</b>		
Bank name		Bank phone number
Bank address		
Monthly deduction date (You will automatically be enrolled for the 1st of the month, unless you check a different date below) Month: _____ <input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th		Amount payment due (full or minimum)

**PART 2. Signatures**

Signature of borrower	Date signed
If applicable, joint account holder's name (please print)	
Signature of joint account holder	Date signed



To request copies of this form in an alternative format, please call a Disability Resource Center liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

