

**PAYMENT TRANSMITTAL – COLLECTION AGENCY PAYMENTS**



Complete form, print, and mail to: Campus Partners, P.O. Box 2902, Winston-Salem, NC 27102  
 Please do not email confidential borrower data

<b>Institution Name:</b>		<b>Program Number:</b>		<b>Transmittal Number:</b>		<b>Date:</b>			
<b>Check one:</b> Check(s) Attached		<b>Check one:</b> Regular		<b>Office Use Only</b>					
<b>Check(s) Not Attached</b>		<b>Tax Offset</b>		<b>Source:</b>		<b>ID:</b>		<b>Type:</b>	

	Borrower Name	Program #	Loan #	Seq #	Tran Date (receipt date)	Payment Amount	Collection Fees	Other Cost	Collection Fees Paid by Borrower	Other Cost Paid by Borrower	Collection Agency #
1											
2											
3											
4											
5											
6											
7											
8											

Your Name:

Phone:

Check Total <sup>1</sup>	Payment Amount Total <sup>2</sup>	Collection Fees Total <sup>3</sup>	Other Cost Total <sup>4</sup>	Collection Fees Paid by Bor. Total <sup>5</sup>	Other Cost Paid by Bor. Total <sup>6</sup>

**DEFINITIONS**

- <sup>1</sup> **Check Total Column:** If you are enclosing checks with this form, please confirm that the total of these checks equals the **Payment Amount Total** column before submitting the form.
- <sup>2</sup> **Payment Amount** – total amount of payment.
- <sup>3</sup> **Collection Fees** – Total amount of collection fees and other costs charged for payment.
- <sup>4</sup> **Other Cost** – Total amount of institutional and other misc. costs charged for payment.
- <sup>5</sup> **Collection Fees Paid by Borrower** – Portion of fees that borrower must pay. Leave blank if loan is coded with collection cost percentage.
- <sup>6</sup> **Other Cost Paid by Borrower** – Portion of cost that the borrower must pay.