



Campus Partners
P.O. Box 2902
Winston-Salem, NC 27102

Attn: Customer Service Manager

AUTHORIZATION AGREEMENTS FOR AUTOMATIC TRANSFER OF FUNDS (ACH)

_____ (Name of Customer) has authorized Campus Partners to initiate electronic Automatic Clearing House (ACH) credit/debit entries through Campus Partners' designated bank to the customer's bank and account number noted below. This electronic transfer is for funds received from the collection of the customer's student loan payments.

Program Number:

(Complete one for each program number(s) having a different bank account number)

Name of Receiving Bank:

City/State:

Receiving Bank's ABA Number:

Receiving Bank's Account Name:

Receiving Bank's Account Number:

Customer Name:

(Name of Customer or Person Signing)

Authorized Customer Signature:

Date:

Campus Partners Use Only

Table Updated:

Completed by: _____

Date: _____

Verified by: _____

Date: _____