

# AUTOMATIC LOAN PAYMENT (ACH) PLAN AUTHORIZATION

**RETURN THIS FORM TO:**  
 Student Financial Collections  
 University of Minnesota, Twin Cities  
 20 Fraser Hall  
 106 Pleasant St. SE  
 Minneapolis, MN 55455-0433  
 Phone: 612-625-8007  
 Fax: 612-624-2873  
 E-mail: stdtloan@umn.edu

**DIRECTIONS**—Logon 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). Attach a voided, unsigned blank check from your checking account OR a blank deposit slip from your savings account to the completed form. 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 Financial Collections. You must keep Student Financial Collections 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.

To complete online, open in Adobe Reader (free at Adobe.com), not a Web browser, to protect your private information. Place the cursor in a field and type. Print each page when completed. Add the required signature(s) in blue or black ink.

## PART 1. Borrower's authorization

I (We) hereby authorize University of Minnesota Student Financial Collections 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 Financial Collections 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)		Home phone (include area code)
City, state, ZIP code	E-mail 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	
OR		
Bank name	Bank phone number	
Bank address		
Monthly deduction date (check one) <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 the Disabilities Services liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator.

fa829 3/09 online