

NJCLASS ACH AUTOMATIC DEBIT AUTHORIZATION

Instructions:

Complete the Automatic Debit Authorization Form below and make a copy of the completed authorization form for your records. If you are using a checking account for Automatic Debit, you must send a voided check from that account. If you are using a savings account, you must enclose a savings deposit ticket, which includes your account number.

MAIL THIS PAGE AND VOIDED CHECK OR SAVINGS DEPOSIT TICKET TO:

**NJCLASS
PO BOX 544
TRENTON, NEW JERSEY 08625-0544**

Automatic Debit Authorization

I authorize Higher Education Student Assistance Authority (HESAA) and its successors and assigns to initiate electronic debit entries to my checking or savings account indicated below and I authorize the financial institution ("BANK") named below to debit these entries from my account. This authority shall remain in effect until HESAA and BANK have received notification from me of its termination in such time and in such manner as to afford HESAA and BANK a reasonable opportunity to act on it, or until my loan account has been paid in full, or until HESAA or BANK has sent me ten (10) days' written notice of HESAA's or BANK's termination. If I choose to terminate this authorization to debit my account, I will notify BANK in accordance with my agreement with BANK.

The required monthly payment can change due to new loans, future disbursements of current loans and current loans reverting to repayment. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of an amount equal to the new required payment plus any optional additional amount indicated below.

Draft On: (Check One or HESAA will Select) 7th 14th 21st 28th

Optional: In addition to my regular payment, please deduct an additional \$ _____ each month.

NJClass Billing Account Number: _____ - _____ - _____ **NJC** _____ - _____ - _____

Bank Account Holder Name _____ (Please Print Name) SSN _____ - _____ - _____ (Social Security Number)

Student Name _____

Bank Name _____ City/State _____ --

Bank ABA # _____ Bank Phone #: (____) _____ - _____ x _____

Bank Account#: _____ Bank Account Type: Checking Savings

Bank Account Holder Signature: _____ Date: _____

Bank Account Joint Holder Signature: _____ Date: _____

Please continue making payments by check until you have been notified that this authorization has been processed. Your current bill statement indicates the payment amount due.