HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

NJCLASS MONTHLY PRINCIPAL AND INTEREST STATEMENT

TELEPHONE: 1-800-792-8670, option 3 MAIL PAYMENT TO: HESAA-NJCLASS PO BOX XXX City, State Zip

John Test Street City, State zip

 Payments requiring special processing

send to our Trenton

office

MAIL CORRESPONDENCE TO:

HESAA PO BOX 548 TRENTON, NJ 08625-0548

Transparation (1918)	(4年中記権(安全)4	40564A VII.08						
	Billing Date: 0	5/08/2009	Involce Nur	nber: 092912286	8 Payme	nt Must Be Rec	elved By: 05/28/2	109 100 (11) (13) (13)
•	Below	is a summary	of the repay	ment of interest a	nd principal due	for your NJCL	ASS Loans.	
Application Number	Unpaid Principal Balance	Interest Rate	Bill Number	Repayment Due Monthly	Amount Past Due	Fees Due	Outstanding Interest Due	Amount Due Per Loan
xxxxxxxx	\$11,437.32	6.40%	027	\$75.00				\$75.00
xxxxxxxx	\$11,107.20	6.60%	027	\$75.00				\$75.00
OTAL PAY	MENT DUE (I	PAY THIS	AMOUNT))			\$15	0.00

Remove Botto	m Portion of Statement	and Return With Your Paymen	t To: NJC	LASS, PO BOX XXX, City S	tate zlp
Payment Instructions	John Test		Check to	o Indicate change of addres Invoice Number:	
Remember				Amount Due:	\$150.00
 Do not send cash 					
 Do not staple check to 				Amount Remitted	:
invoice Do not include					
correspondence	1	HESAA-NJClass			
 Write invoice number 		PO Box			
on check		City, State zip			

09291228658000050000047424

HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

NJCLASS MONTHLY PRINCIPAL AND INTEREST REPAYMENT STATEMENT - ACH

SD0015

TELEPHONE 1-800-792-8670, option 3 MAIL PAYMENT TO:

HESAA - NJCLASS PO Box 11961 Newark NJ 07101-4961

"PLEASE CONTACT HESAA FOR PAYOFF FIGURE"

MAIL CORRESPONDENCE AND PAYMENTS REQUIRING SPECIAL PROCESSING TO:

HESAA PO Box 544 Trenton NJ 08625-0544



Lender: HESAA	A-NJCLASS								
Billing Date: 01/08/2020 Invoice Number: 2000802288-9 Bank Debit Date:								01/28/2020	
Below is a sumn	nary of the repayme	ent of interest a	nd princip	al due for your l	NJCLASS Loa	ıns.			
Application Number	Unpaid Principal Balance	Interest Rate	Bill Number	Repayment Due Monthly	Amount Past Due	Fees Due	Outstanding Interest Due	Amount Due Per Loan	
P10	9,952.56	8.3400%	112	132.97				132.97	
P07	6,910.75	6.5000%	131	141.64				141.64	
ADDITIONAL MONTHLY PAYMENT									
TOTAL BANK DEBIT AMOUNT 274.61									

Payment Instructions		☐ Check to indicate change of address	on reverse
Remember		Invoice Number# 2 Amount Due	2000802288-9 274.61
Pay online at HESAA.org			
Payments received after 2 o'clock will be processed on the next business day	here	Amount Remitted:	
Make check payable to: NJCLASS	conbon	115044 N/OL400	
Do not send cash	<u>د</u>	HESAA - NJCLASS PO BOX 11961	
Write Invoice number on check	detach	NEWARK NJ 07101-4961	
Payments requiring special processing	-	200080228890000	500000274612

FORM=(DLAREP 10/7/11)

& payoffs, send to our Trenton office

HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

NJCLASS QUARTERLY INTEREST STATEMENT

TELEPHONE: 1-800-792-8670, option 3
MAIL PAYMENT TO:
HESAA-NJCLASS
PO BOX XXX
City, State Zip

John Test Street City, State zip

special processing

send to our Trenton

office

MAIL CORRESPONDENCE TO:

HESAA PO BOX 548 TRENTON, NJ 08625-0548

	Billing Date: 0	5/08/2009	_Invoice_Nu	mber: 0929122865	8 Payme	nt Must Be Received B	y: 10/28/2009
	Below	is a summary	of the repay	ment of interest an	d principal due	e for your NJCLASS Lo	ans.
Application Number	Unpaid Principal Balance	Interest Rate	Bill Number	Current Interest Due	Amount Past Due	Fees Due	Amount Due Per Loan
xxxxxxxx	\$11,437.32	6.40%		\$182.49			\$182.49
xxxxxxxx	\$11,107.20	6.60%		\$182.77			\$182.77
					-		
					:		
 DTAL PAYI	MENT DUE (I	PAY THIS A	AMOUNT)			\$150.00

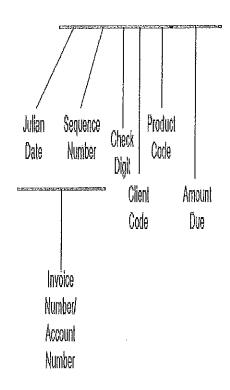
Make Check Payable To: NJCLASS

Remove Bottom Portion of Statement and Return With Your Payment To: NJCLASS, PO BOX XXX, City State zlp							
Payment Instructions	John Test			Check to indicate change of address on reverse Invoice Number: 09291228658			
Remember				Amount Due: \$150.00			
Do not send cash	-						
 Do not staple check to 	İ			Amount Remitted:			
invoice • Do not include							
correspondence		HESAA-NJClass					
Write invoice number		PO Box					
on check • Payments requiring		City, State zip					

09291228658000050000047424

NJCLASS Scan Line

09123 12345 1 123 123 123456789



NJĆlass

09291228658000050000047424