



Access Group Loan Servicing
 P.O. Box 7450
 Wilmington, DE 19803-7450

877-472-3227
 accessgroup.org

APPLICATION FOR ELECTRONIC FUNDS TRANSFER

Complete and sign this form. Return to address above or fax to 302-476-3555.

Borrower Information:

Name: _____ Loan Account Number: _____

Address: _____

Home/Cell Phone _____

Work Phone _____

Email Address _____

Financial Institution Information:

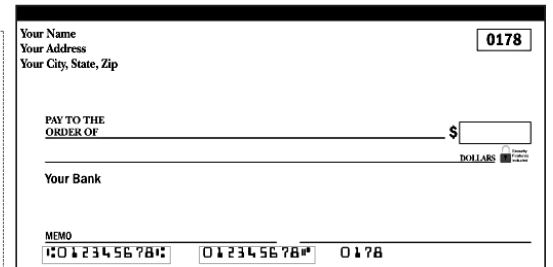
Name: _____

City: _____ State: _____ Zip: _____

Transit Routing (ABA) Number:
 (always 9 digits)

Account Number:
 Checking Saving

- Please confirm with your banking institution that your account is able to accept ACH debits.
- To ensure the accuracy of your account you may attach a voided check or savings deposit ticket.



Your signature below acknowledges you have read and understand the following important information:

Amount of payment: Refer to your monthly statement — the scheduled payment amount will be deducted from your bank account. The amount of your payment is likely to vary at least quarterly, based on changes in variable interest rate or other factors.

Date of payment: Refer to your monthly statement — your payment will be debited on the due date shown. If you would like to change your monthly due date, contact the Customer Contact Center at 877-472-3227.

Right to stop automatic payments: You have the right to stop these payments at any time. To do so, call us at 877-472-3227 or write to the address above. Phone cancellations must be received three days before the next payment due date. Written cancellations must be received 14 days before the next payment due date.

Additional payment information: Additional payments may advance your due date, which may postpone your scheduled monthly payments. To prevent this, in the event you wish to make additional payments, please contact us at 877-472-3227.

Your responsibility: Your account balance(s) must be current before you are eligible to use Electronic Funds Transfer (“EFT”). If there are insufficient funds in the account specified on the date of the electronic transfer, you may be responsible for manually sending a payment, as well as any bank fees and/or late charges, and you may lose your eligibility to participate in EFT.

PLEASE NOTE: You must continue to manually make payments until you receive confirmation that your payments will be made automatically. It may take up to two billing cycles before your account is set up for EFT.

I hereby authorize Access Group, Inc. to initiate debit entries to my account indicated above and authorize the depository named above to debit the same to such account.

This authority is to remain in full force and effect until Access Group, Inc. and the above named depository have received notification from me of its termination in such time and such manner as to afford Access Group and the depository a reasonable opportunity to act on it. By signing below, you represent and warrant that you are legally authorized to access funds from the account specified.

Signature: _____ Date: _____

Bank Account Owner Signature*: _____ Date: _____

*Required only if the bank account owner is different than the borrower

Keep a copy of this form for your records