633 Spirit Drive
Chesterfield, MO 63005
888-866-4352

Dear Borrower,

Attached please find the Auto Debit Request for you to download and return to MOHELA. Please carefully read through the instructions and other information listed on the form prior to completing your request. Remember to review the completed form to ensure that all required fields are complete, and that any required documentation (if applicable) is attached. For your convenience, we have provided our contact information below.

Please mail your completed form to:	**MOHELA** **633 Spirit Drive** **Chesterfield, MO 63005**
Or fax your request to:	**(866) 222-7060**

We will process your request as soon as it is received in our offices. You are welcome to send your request via either of the above-listed methods; however, faxing your request allows MOHELA to receive and process your request faster than if it is sent via mail.

We look forward to providing you with continued quality service. You will be notified by mail regarding the approval or denial of your request or if any further information is needed once your submission has been processed.

MOHELA
Loan Servicing

AUTO DEBIT APPLICATION

Stafford ▪ GradPLUS ▪ Parent PLUS ▪ CASHLoan ▪ SHARP Loan Consolidation®

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Auto Debit: Payments automatically withdrawn from your checking or savings account.

Notification: Please continue to make your payments using your current method until you receive notification that your automatic debit is active. If 2 or more payments are returned due to insufficient funds within a twelve month period, this may result in your removal from participation in MOHELA's Auto Debit program. MOHELA will maintain confidentiality of information pertaining to your account.

Instructions: Please read, complete, sign, date and return the form to MOHELA in order for your request to be considered.

BORROWER INFORMATION

First Name_____ Last Name_____ SSN ☐☐☐☐☐☐☐☐☐

Address_____ City_____

State/Province _____ Zip/Postal Code_____ Country Code_____

Home# ( ) _____ Work# ( ) _____ Alternate# ( ) _____

Cellular# ( ) _____ Email _____

I am authorizing MOHELA to debit my account electronically for all loans serviced by MOHELA unless I indicate otherwise:

- ❍ Only my FFELP (Stafford, PLUS, GradPLUS, Consolidation) Loans
- ❍ Only my CASHLoan Private Student Loans

Only the monthly installment amount will be withdrawn based on your current repayment schedule

If you would like an additional amount withdrawn monthly, please enter the additional amount here: $_____*

*If you have multiple due dates, your additional amount will be prorated across all loans and due dates.

FINANCIAL INSTITUTION INFORMATION

Bank or Financial Institution Name: _____

This is a (check one): ❍ Checking Account ❍ Savings Account

Routing Number: ☐☐☐☐☐☐☐☐☐

Account Number:_____

Terms and Conditions

I authorize MOHELA to initiate electronic debit from my financial institution indicated above. This authorization shall remain in effect until MOHELA has received notification from me of its termination, until my student loan account is paid in full, or until MOHELA has sent me 10 days written notice of MOHELA's termination. I authorize the school, the lender, the guarantor, the Department, and their respective agents and contractors to contact me regarding my loan(s), including repayment of my loan(s), at the current or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

For FFELP loans, I hereby request and authorize MOHELA to cover the entire delinquency of my loan(s) with a Temporary Hardship Forbearance, in increments of up to 6 months, not to exceed 12 months per agreement.**

For CASHLoans, I hereby request and authorize MOHELA to grant an administrative forbearance for a maximum of one month to bring my account current prior to the start date of my MOHELA Auto Debit. If I am more than one month delinquent, I authorize MOHELA to place an additional Forbearance Of Principal & Interest on my account, subject to my eligibility, not to exceed 3 months.**

**Any negative credit reported to the consumer reporting agencies will not be removed. I understand that I am responsible for all accruing interest during my forbearance(s). If I do not pay the accruing interest, I understand that it will be added to the principal balance of the loan(s) at the end of the forbearance period (capitalization).

I or the bank account holder may change the financial institution information (i.e. account and/or routing number), additional amount being withdrawn, request a one month suspension, and/or permanently cancel Auto Debit on all or a portion of my loans. I agree to complete the Auto Debit Change Request Form to notify MOHELA of these changes. This form must be received by MOHELA at least 15 business days before my next scheduled monthly installment. I understand this does not relieve me of my obligation to make my monthly student loan payments when due. I understand I may be charged a return fee by my financial institution if the funds are not available at the time of the scheduled due date. I understand MOHELA will attempt to notify me of any changes in the installment amount deducted or scheduled payment date 10 days prior to my next scheduled payment. Once MOHELA has reviewed my MOHELA Auto Debit application, a letter will be sent notifying me of the approval or denial of my request.

_____ ____/____/_____ _____ ___/___/____

Borrower Signature Date Bank Account Holder's Signature(s) (if not the borrower) (If a joint account, both holders must sign) Date

_____

Bank Account Holder's Printed Name(s)

633 SPIRIT DRIVE • CHESTERFIELD, MISSOURI • 63005-1243
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www.mohela.com