



State of Louisiana  
Office of Student Financial Assistance

**AUTHORIZATION for AUTOMATIC DEBIT from a PERSONAL BANKING ACCOUNT**

In this agreement, "I," "me" and "we" refer to the person/s signing this agreement. "Account" refers to an account at the financial institution, which is listed below and from which payments to the Louisiana Office of Student Financial Assistance (LOSFA) are to be made.

**Borrower & Financial Institution Info:**

Name of Account Owner: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Joint Owner (if any): \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Borrower's Name (if different from Owner): \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Bank Account Type & Number: Checking# \_\_\_\_\_ or Savings# \_\_\_\_\_

➤ Attach a voided check for withdrawals from a checking account **or** a deposit slip for a savings account.

ABA Routing Number: \_\_\_\_\_

Current Borrower Address: \_\_\_\_\_  
(if not the same as appearing on the voided check or deposit slip)

**Payment Info & Authorization:**

Monthly Payment amount authorized to be withdrawn from the account listed above: \$ \_\_\_\_\_

Frequency of withdrawal (you may only choose 1 option):

☐ Total payment to be deducted on the 5<sup>th</sup> of each month.

☐ Total payment to be deducted on the 20<sup>th</sup> of each month.

☐ Half of the payment to be deducted on the 5<sup>th</sup> & the other half on the 20<sup>th</sup>.

**For LOSFA Use Only**

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE** – ALL WITHDRAWAL AMOUNTS ARE SUBJECT TO REVIEW & APPROVAL BY LOSFA, AND MUST CONFORM TO LOSFA'S STANDARD REPAYMENT TERMS. IN ADDITION PAYMENTS RETURNED FOR INSUFFICIENT FUNDS WILL TERMINATE THIS SERVICE & RESULT IN DELINQUENCY ON YOUR ACCOUNT.

I (We) authorize the Louisiana Office of Student Financial Assistance (LOSFA) to make an automatic monthly withdrawal from the bank account listed above. This deduction will continue until my loan is paid in full, or until I notify LOSFA in writing to discontinue this service, or until terminated by reason of insufficient funds. **Once written notice is received by LOSFA, I understand it will take 5 working days to stop my withdrawals.**

Bank Account Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Account Owner's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to the Default Recoveries Section, or contact us directly if you have any questions.**

P.O. BOX 91202, BATON ROUGE, LA 70821-9202 • 1-800-256-6882

**TIRED OF WRITING MONTHLY CHECKS ?**

**ANNOYED WITH THE HIGH COST OF STAMPS ?**

**LOOKING FOR WAYS TO SIMPLIFY YOUR LIFE ?**

**THEN CONSIDER SIGNING UP FOR  
AUTOMATIC PAYMENT !!!**

*SAVES TIME...*

*SAVES MONEY...*

***MAKES LIFE EASIER!***

**DETAILS and APPLICATION ON REVERSE**

THE LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE