

New Authorization	Change Authorization	Cancel Authorization
Student's Name:		
Student's Social Security Num	ıber:	
Bank Name:		
Bank Address:	and Street Cit	ry, State, and Zip
Bank Routing Number:	first 9 digits appearing in the lower left corn	
Bank Account Type:	Checking or Sa	Vings (choose only one)
Checking Account #	or Savings A	account #
	University to electronically debit my ac payment for my Federal Perkins loan.	ecount in the amount of \$
late charge and a \$20.00 service fee	annot be processed due to non-sufficienthat may also be debited from the above 1 if two (2) transfers in any twelve (12)	
This authorization will remain in eff Accounting Department or until my	ect until an official written cancellation loan(s) are paid in full.	n request is received by the Loan
A new authorization MUST be comp	pleted if I change or close my bank acc	ount or if I change my financial institution.
This form must be returned to the Lo following month's payment.	oan Accounting Department by the 15 th	of the month for it to be in effect for the
Signature	Phone number	

PLEASE ATTACH A VOIDED CHECK (NOT A DEPOSIT SLIP)

Automatic Payment cannot be initiated without a voided check

Please complete the requested information including signature and date, attach a voided check, and mail to:

TTU BUSINESS OFFICE Loan Accounting Dept P.O. Box 5037 Cookeville, Tennessee 38505

See www.tntech.edu/bursar for additional copies.