

STUDENT LOAN REPAYMENT FORM ** Highlighted fields keep large and legible

I have attached the following Student loan package for processing:

****Please attach SF50 ****

NAME: _____ **SSN:** _____

Process effective date: _____

Student Ln Acct No: _____

STUDENT LOAN PAYMENT SHOULD BE PAID AS THE FOLLOWING:

Amount of Student Loan to be paid: _____

Payment Type: Lump Sum Bi-Weekly

Student loan payment should Check EFT ****not available**

Number of yrs to make loan payments: _____ Number of loan payments per year: _____

ADDRESS TO WHERE PAYMENT IS TO BE SENT:

Name of Company: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Cd:** _____

IF STUDENT LOAN PAYMENT IS TO BE SUBMITTED BY ELECTRONIC FUND TRANSFER: NO EFT AVAILABLE AS OF YET**

FOR DFAS-CLEVELAND OFFICE

Please Check the following: Checking Savings

Bank routing number: _____

Bank Account number: _____

AUTHORIZED SIGNATURE: _____

REMARKS: _____

PRIVACY ACT NOTICE

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