Instructions – Please complete all 4 steps

If you would like to authorized Educational Computer Systems, Inc. (ECSI) on the behalf of Duke University, to deduct your monthly payments by automatic deduction, please:

1. Complete the form below. If your account is a joint account, both the account holders must sign this form.
2. Attach a voided, unsigned check to the form.
3. Return the original form and the voided check to Duke University
4. Retain a copy of this form for your files.

Authorization form must reach our office by the 10th of the current month to begin your automatic payment for the following month. Therefore if you receive any additional student loan bills after sending in this form, please call our office before making the payment shown on that bill.

ACH AUTHORIZATION FORM

I (we) herby authorize Educational Computer Systems Inc., on behalf of Duke University, to initiate debit entries to my (our) account in the named institution below, and I (we) authorize the institution to accept and debit the amount of such entries to my (our) account. Each debit shall be made each month in an amount equal to the withdrawal amount indication below.

_____Checking _____Savings (Please Check One)

_____

Bank (Institution) or Credit Union Name

_____

Address

_____

City State Zip

_____

Transit/ABA Number (First nine digits encoded on bottom left side of your check)

_____ $ _____

Account Number Withdrawal Amount

Withdrawal Date _____ 1st _____ 20th

Start Date: _____ (mm/yy)

This authorization is to remain in full force and effect until all amounts payable to the school, for my student loan(s) are paid in full or until I revoke the agreement as hereinafter provided. Any revocation shall not be effective until Educational Computer Systems Inc. (ESCI) or Duke University has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give ECSI or Duke University a reasonable opportunity to act on it. I understand that I will be notified of any payment changes debited to my account. **Educational Computer Systems Inc. or Duke University reserves the right to cancel a borrower's participation at any time.**

_____

Borrower's Name Student ID Number

_____

Account Holder's Name (please print) Holder's Signature

_____

Joint Account Holder's Name (please print) Joint Holder's Signature

_____

Date of Authorization Account Holder's Telephone Number E-mail

Please Return Form to: Duke University Graduate School

OFFICE USE ONLY Received _____ Entered_____ Exited_____