

Instructions - Please complete all 4 steps.

If you would like to authorize Educational Computer Systems Inc. to deduct your monthly payments by automatic deduction please:

1. Complete the form below. If your account is a joint account both 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 ECSI.
4. Retain a copy of this form for your files.

PLEASE USE A DIFFERENT FORM FOR EACH ACCOUNT TYPE TO ESTABLISH YOUR ACH ON MULTIPLE ACCOUNTS (such as BOTH A/R01A and PER24A).

We will process your account for automatic deduction as soon as possible after we receive your form. The authorization form must reach our office 20 days prior to the next billing date. 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) hereby authorize Educational Computer Systems Inc. to initiate debit entries to my (our) account in the entity named below ("institution"), and I (we) authorize the institution to accept and to 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 indicated. I direct that said payment shall be deducted from my account on the twentieth (20th) day of each calendar month.

Financial Institution Name (bank, credit union, etc.)

Address

City State Zip

Transit/ABA No. (first nine digits encoded on your check)

	Checking	Savings	\$.	1st	10th	20th
Account Number	(circle one, default is CHECKING)		Withdrawal Amount		Monthly Withdrawal Date (circle one, default is 20th)		

SCHOOL NAME: **WASHINGTON ADVENTIST UNIV** Acct Type: **A/R01A** **N/R01A** **NRC01A** **PERKINS** **NURSING** **OTHER** _____
(circle one, default is **A/R01A**) (specify)

This authorization is to remain in full force and effect until all amounts payable to the school, for my student loan(s) and/or account(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. has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give ECSI 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. and Washington Adventist University each reserve the right to cancel a borrower's participation at any time.

Borrower's Name Social Security Number

Account Holder's Name (please print) Signature

Joint Account Holder's Name (please print) Signature

Date of Authorization Account Holder's Telephone Number

Please Return To: Educational Computer Systems, Inc.
181 Montour Run Road
Coraopolis, PA 15108
412-788-3900
412-494-5626 (fax)

Washington Adventist University
Collection Services
7600 Flower Avenue
Takoma Park, MD 20912
301-891-4483 (fax)