



URGENT NOTICE

Dear Valued Client,

Your membership with **Student Assist Plus** is set to expire and requires updated information. As a reminder, it is important for your membership to remain active in order to access your program perks such as the annual recertification of your student loan payment in addition to access to premium discounts and program benefits.

In order to reactivate your membership, please sign the updated forms indicating your authorization to be billed for your monthly membership. Until the authorization form has been received and approved, your membership will default to an inactive status.

To pay by Checking/Savings, fill out the [ACH Authorization to Debit Form](#) and send back to us by mail, email, or fax. On your billing statement, the merchant will be displayed as "StudentAssistPlu".

Email: billing@studentassistplus.com

Fax: 888-964-6553

Please note that all authorization to debit forms with third-party payment information must be signed by the payment account holder. Forms submitted with incorrect information or invalid signatures will not be accepted.

You may reach us Monday-Thursday 8am-3pm PST at 888-456-4055 (Option 3) for any additional questions you may have.

Sincerely,

Billing Department

Tel 888-456-4055

Fax 888-964-6553

www.studentassistplus.com

I acknowledge receipt of this notice regarding updating my personal information with Student Assist Plus. Failure to respond will result in cancellation from the program.

Signature: _____ Date: _____

Preauthorized Checking and ACH Authorization Form

_____	_____	
First Name	Last Name	
_____	_____	_____
Street Address	Phone #	Cell Phone #
_____	_____	_____
City	State	Zip

Email address		
DESIGNATED BANK ACCOUNT INFORMATION		
_____	_____	
Bank Name	Bank Routing Number (as it appears on the check)	
_____	_____	
Name as it appears on bank account	Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
DESIGNATED BANK ACCOUNT PAYMENT AUTHORIZATION SCHEDULE		
Payment Amount \$ <u>29.99</u>	Start Date _____	<input type="checkbox"/> One Time <input checked="" type="checkbox"/> Monthly Number of Payments <u>1</u>
Payment Amount \$ _____	Start Date _____	<input type="checkbox"/> One Time <input type="checkbox"/> Monthly Number of Payments _____
* Default to monthly if not checked		
NOTE: If the DESIGNATED BANK ACCOUNT PAYMENT AUTHORIZATION SCHEDULE section is not filled out, the payment dates, amounts, and number of payments are defined in your signed Servicing Agreement.		

I authorize Payment Automation Network to initiate Automatic Clearing House (ACH) or Electronic Funds Transfer (EFT) or Remotely Created Check (RCC) from my designated bank account at the financial institution identified above. I authorize Payment Automation Network to debit my bank account according to the schedule of debits provided to Payment Automation Network by me or on my behalf or as otherwise provided by agreement. I understand that debits will be withdrawn on the due date unless the otherwise indicated and that sufficient funds must be available in designated account at least two (2) business days prior to the actual date of the debit. Upon my approval, Payment Automation Network may adjust the amount being debited from designated bank account. This authorization is to remain in force until the schedule of debits is completed or until Payment Automation Network has received written notification from me of a change or termination, allowing Payment Automation Network no fewer than five (5) business days to act. Payment Automation Network shall not be liable to any person for not completing a transaction as a result of any limit on my designated bank account or if a financial institution fails to honor any debit from such account. I understand it is my responsibility to notify Payment Automation Network immediately if a scheduled debit does not occur. I authorize Payment Automation Network to recover funds by ACH/EFT/RCC debit from my bank account in the event of an error or in the event that a prior debit is returned for any reason, including non-sufficient funds. I understand that a \$25.00 service charge will be added for every NSF draft. I understand I can call Payment Automation Network at 800-813-3740 to cancel the automatic draft payments. **Payments will be drafted on the payment due date of the original Servicing agreement.** I understand and agree that Payment Automation Network, Inc. is a private company, and is not affiliated with any academic or governmental entity. The Payment Automation Network, Inc. service bridges the gap between the student loan consolidation company Software and ACH, EFT or RCC processor. Payment Automation Network, Inc. is not a money transmitter or debt collection agency and does not receive money from individual debtors. Payment Automation Network, Inc. is not engaged in the business of debt or credit counseling or the provision of other services to individual debtors. Payment Automation Network, Inc. does not solicit, offer loan consolidation services, or provide services directly to individual debtors. Payment Automation Network, Inc. does not have a contractual relationship with individual debtors to affect the adjustment, compromise, or discharge of any loan account.

I have read and understand the information contained in this document and I affirm that the above information given by me is accurate and true to the best of my knowledge.

SIGNATURE _____ DATED _____