AUTHORIZATION FOR AUTOMATIC TRANSFERS

BANK OF NORTH DAKOTA

STUDENT LOAN SERVICES

SFN 18397 (02-2011)

Borrower's Name				Social Security Number	
Address			City	State	ZIP Code
Home Telephone Number	Work Telephone Number	Cell Telephone Number	E-Mail Address		
Account(s)				Monthly Payment	

I authorize Bank of North Dakota (BND) and the Account Bank named below to initiate transfers from my checking/savings account for the purpose of making student loan payments to BND. The transfer will be in the amount stated above each month until my loan is paid in full, until notification of payment change from BND, or until I notify BND in writing to stop payment of the transfers. The transfers will be completed the following business day if the payment withdrawal date is a non-business day.

I authorize my lender to capitalize (add to the principal balance) accrued interest on my account(s) for any interest due which is required to bring my account current for the processing of this authorization form, or during any period the lender is unable to receive funds from my account due to non-sufficient funds.

PLEASE COMPLETE THE FOLLOWING (PRINT LEGIBLY)

Account Type - **Please include a voided check, a copy of your check blank, or deposit slip for savings account.** (check only one) ☐ Checking ☐ Savings	Payment Withdrawal Date - (Enter the day of the month you wish to have your monthly payment withdrawn from your account. You may choose from the 1st - 28th.)
Account Name (the name(s) on the checking/savings account)	
Account Bank (the name of the financial institution from which the funds will be drawn)	
Bank Account Number (your account number (checking/savings) from which you are authorizing the withdrawal)	
Bank Account ABA Routing Number (this is the 9 digit number located on the bottom of your check)	

Section 326 of the USA PATRIOT Act[1] requires us to ask for your Social Security Number. The principal purpose and routine uses of this information are to verify your identity, provide for the servicing of your account or loan, including communications with consumer reporting agencies, and in the event it is necessary, to locate you and collect on your loan(s). Providing any requested information is mandatory in order to receive the requested service. We may not be able to grant the service if the requested information is not provided.

[1]This notice also satisfies our obligations under the Privacy Act of 1974

Borrower's Signature (Account holder's signature required when applicable)	Date
Co-Borrower's Signature (signature required when applicable)	Date

PLEASE NOTE:

Continue to make your regular monthly payments until you receive notification indicating the effective date of the first automatic payment.

Attn: Student Loan Services
Bank of North Dakota
PO Box 5509
Bismarck, ND 58506-5509

1-800-472-2166 ext. 5660
701-328-5660
FAX: 701-328-5629

mystudentloanonline.nd.gov
TDD: 1-800-643-3916
E-mail: *bndser@nd.gov*