# REQUEST FOR FORBEARANCE ONLINE

BANK OF NORTH DAKOTA
STUDENT LOAN SERVICES
SFN 58823 (10-2010)

**Instructions**

Lines 1-6 of this form must be completed before the forbearance can be granted. Please read the form carefully before you sign it. A notice of approval or denial will be sent to you after the request is processed. ***Monthly payments must be continued on your account until the forbearance is approved.***

If approved, the forbearance agreement will be a maximum of twelve (12) months. If your account is past due, the twelve month period includes the number of months you are delinquent. The total cumulative no payment forbearance time permitted over the life of the loan is thirty-six (36) months.

**BORROWER COMPLETE LINES 1-6**

| | | | |
|---|---|---|---|
| 1. Name | | | E-mail Address (if applicable) |
| 2. Street Address | | | Social Security Number |
| 3. City | State | Zip Code | Home Telephone Number (include area code) |
| 4. Cell Telephone Number (include area code) | | | Work Telephone Number (include area code) |

5. Borrower's Reason for Forbearance

- ☐ Temporary Financial Difficulty
- ☐ Other (please explain below)

6. Forbearance Agreement

I am willing, but temporarily unable to repay my loan according to the repayment schedule. I agree to begin/resume my regular payments at the end of the forbearance period. I authorize my lender to capitalize (add to the principal balance) any outstanding accrued interest on my account(s) which is required to bring my account current for the processing of the forbearance.

**My signature denotes that I fully understand and agree to the terms of this forbearance.**

Signature _____ Date _____

Co-Borrower's Signature (required when applicable) _____ Date _____

7. Deferment Request (optional, if needed)

If you need a **deferment form**, please check the appropriate box:

- ☐ In-School Deferment
- ☐ Unemployment Deferment
- ☐ Temporary Total Disability Deferment
- ☐ Economic Hardship Deferment
- ☐ Graduate Fellowship Deferment
- ☐ Military Deferment
- ☐ Internship/Residency Deferment

To Be Completed by Lender (upon receipt of borrower's completed forbearance request)

Lender's reason for granting forbearance:

_____

_____

The above named borrower is hereby granted forbearance for the terms stated in the attached approval letter.

| | |
|---|---|
| Lender's Signature | Date |

**Please return form by mail to:**
Attn: Student Loan Services
Bank of North Dakota
PO Box 5509
Bismarck, ND 58506-5509

**If you have any questions, please call:**
1-800-472-2166 ext. 5660 or e-mail *bndser@nd.gov*