

Automatic Payment Plan Authorization Agreement

- All Fields Are Required
- Must Include a Voided Check/Saving Deposit Slip or Proof of Account Ownership

(Please Print) Name:	
Address:	
Telephone: ()	Cell Phone: ()
Email Address:	
keep my loan(s) current as disclosed in my promissory n will occur according to the criteria selected below.	to initiate debit entries to my bank account listed below. I agree that the amount required to note(s), Truth-In-Lending Statement(s), and repayment schedule(s) shall be debited. A debit Rhode Island Student Loan Authority receives written notification from me of its termination
and in such manner as to afford Rhode Island Student Le if my account should lack sufficient funds for payment of	oan Authority a reasonable opportunity to act on it. I agree that this Agreement will terminate or should it be in other than good standing.
I hereby authorize my bank to honor all debit University Accounting Service (UAS).	ts initiated through Rhode Island Student Loan Authority (RISLA) /
Name of Bank:	
• Account Type: Checking :	
■ ABA Routing Number (9 digits):	
Debit my bank account on the data.	
• Starting on/	
 Accounts to Include in the Automatic Pa 	lyment Plan:
Account #: 36	□ Pay Amount Due or □ Set Amount:
Account #: 36	
Account #: 36	
Account #: 36	Pay Amount Due or _ Set Amount:
	Pay Amount Due or _ Set Amount:
Account #: 36	Pay Amount Due or _ Set Amount:

* Continue to make your regular scheduled payments until you receive an email and/or letter from University Accounting Service (UAS) and/or RISLA advising your request has been processed.