

WHITNEY BENEFITS

P.O. Box 5085, Sheridan, WY 82801 * (307) 674-7303 * www.whitneybenefits.org

ACH Debit Authorization Form

Start Date: _____

As an authorized signer on the Depository Account presented, by completing and signing this form you give Whitney Benefits permission to charge/debit your account for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until Whitney Benefits has received written notification from you of its termination. Any change to and/or termination of this authorization must be received by Whitney Benefits 5-business days prior to your next scheduled payment.

Please complete the information below:

I, _____ as an authorized signer give Whitney Benefits permission to charge/debit my
(Full Name)

account indicated below for \$ _____ on or after the _____ each month. This payment
(Amount) (1st, 15th or Last Day)

is for Student Loan Repayment.

Name of Student (if different than authorized signer) _____

Address _____

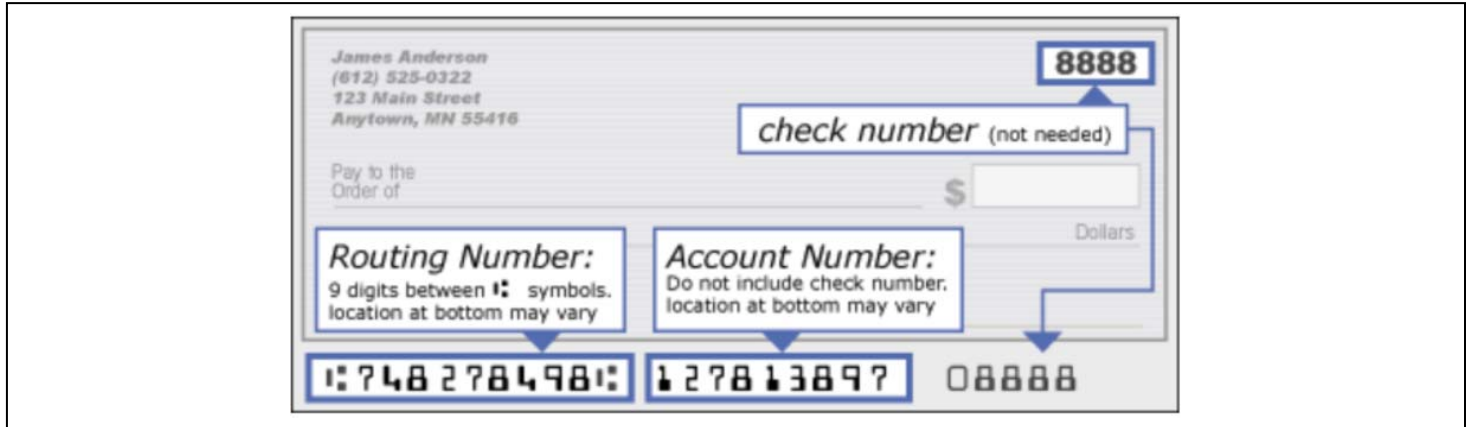
Phone# _____

City, State, Zip _____

Email _____

Depository Bank _____ Checking _____ Savings _____

Routing Number _____ Account Number _____



Attach VOIDED Check Here

_____ I understand that Whitney Benefits may initiate a reversal of any entry made under this agreement if an error has been made. I understand the
(Initial) depository bank at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement. I understand that Whitney Benefits will provide a written notice to me of the error with 24 hours.

I authorize Whitney Benefits to charge/debit the account indicated in this authorization form according to the terms outlined above. This authorization is for the payment described above and for the amount indicated above only. I certify that I am an authorized signer on this Depository Account.

SIGNATURE _____

DATE _____

Fax to: (307) 674-4335 or Scan & Email to: studentloans@whitneybenefits.org