RISLA
RHODE ISLAND STUDENT LOAN AUTHORITY

Automatic Payment Plan Authorization Agreement

*** All Fields Are Required**

*** Must Include a Voided Check or a Savings Deposit Slip**

I am the : ___ Borrower ___Co-Borrower ___ Payor (I want to make payments on behalf ot the borrower)

(Please Print)
Name: _____

Address: _____

Telephone: (__ __ __) __ __ __ - __ __ __ __ Cell Phone: (__ __ __) __ __ __ - __ __ __ __

Email Address: _____

I hereby authorize Rhode Island Student Loan Authority to initiate debit entries to my bank account listed below. I agree that the amount required to keep my loan(s) current as disclosed in my promissory note(s), Truth-In-Lending Statement(s), and repayment schedule(s) shall be debited. A debit will occur according to the criteria selected below.

This authority will remain in full force and effect until Rhode Island Student Loan Authority receives written notification from me of its termination and in such manner as to afford Rhode Island Student Loan Authority a reasonable opportunity to act on it. I agree that this agreement will terminate if my account should lack sufficient funds for payment or should it be in other than good standing.

I hereby authorize my bank to honor all debits initiated through Rhode Island Student Loan Authority / University Accounting Service.

- Name of Bank: _____
- Account Type: ___ Checking ___ Savings
- ABA Routing Number (9 digits): __ __ __ __ __ __ __ __ __
- Bank Account Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
- Debit my bank account on the _____ day of each month.
- Accounts to Include in the Automatic Payment Plan:

Account #: 36000__ __ __ __ __ __ __ ☐ Pay Amount Due or ☐ Set Amount: _____
Account #: 36000__ __ __ __ __ __ __ ☐ Pay Amount Due or ☐ Set Amount: _____
Account #: 36000__ __ __ __ __ __ __ ☐ Pay Amount Due or ☐ Set Amount: _____
Account #: 36000__ __ __ __ __ __ __ ☐ Pay Amount Due or ☐ Set Amount: _____
Account #: 36000__ __ __ __ __ __ __ ☐ Pay Amount Due or ☐ Set Amount: _____
Account #: 36000__ __ __ __ __ __ __ ☐ Pay Amount Due or ☐ Set Amount: _____
Account #: 36000__ __ __ __ __ __ __ ☐ Pay Amount Due or ☐ Set Amount: _____
Account #: 36000__ __ __ __ __ __ __ ☐ Pay Amount Due or ☐ Set Amount: _____

Signature: _____ **Date:** __ __ / __ __ / __ __

Return to : Fax: 401-468-1745 Email: customerservice@risla.com Mail: RISLA, P.O. Box 81071, Warwick, RI 02888-0089

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