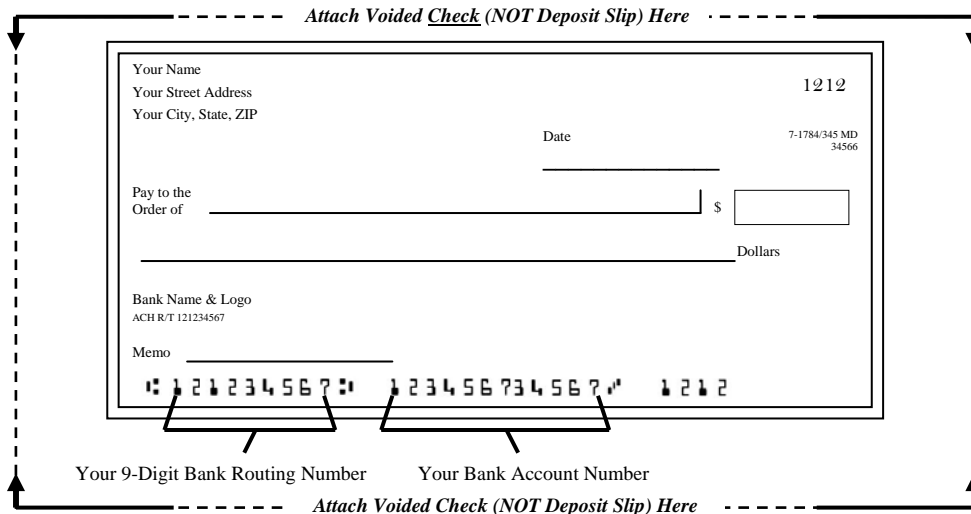


**SIGN UP TODAY AND START TO SAVE!**  
**Automatic Payment Authorization**

**Do you want to save postage and time and avoid the hassle of writing a check every month?**  
**Have your education loan payment deducted automatically from your Checking or Savings account, and**

**EARN A 0.25% INTEREST RATE REDUCTION\* FOR MAKING AUTOMATIC PAYMENTS!**

<i>Borrower Name</i>	<i>Loan to Learn Account Number or Application ID</i>	<i>Work Phone Number</i>
<i>Address (Street, City, State, Zip Code)</i>	<i>Email Address</i>	<i>Home Phone Number</i>
<i>Automatic Monthly Payment Account Type</i> <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account (verify routing number with your bank)	<i>Bank Name and Address</i>	
<i>9-digit Bank Routing Number (from check, NOT deposit slip)</i>	<i>Bank Account Number</i>	<i>Automatic Monthly Payment Amount</i> <input type="checkbox"/> Monthly Payment Amount Due <input type="checkbox"/> Specify \$ _____ <small>*If the monthly payment amount due exceeds the fixed amount you specified above, then the amount due will be debited.</small>



The above-named Borrower ("You" or "Your") has authorized EduCap ("Us" or "We") or its Successors or Assigns to withdraw the indicated monthly Automatic Payment Amount from Your Account at the above-mentioned Financial Institution on the payment due date for the purpose of making payment on your student loan account. **Your statement will notify you when your automatic payment is activated.** To revoke this authorization please call 1-866-398-7741 at least 3 business days prior to your next scheduled payment due date. You are responsible and liable for all authorized transactions made under this Automatic Payment Authorization. We will not be liable for any fees your Financial Institution may assess if you do not have sufficient funds in your account to cover the payment. All payments will be posted to Your Account on the statement due date. If your due date falls on a weekend or holiday, your payment will be posted on the next business day. You understand that purposely false or misleading information given on this form may be considered fraud and covered under applicable laws. If, under this Automatic Payment Authorization, an act or agreement must be "written" or "in writing," an act or agreement performed or provided by means of electronic communication will be considered to be "written" or "in writing," as applicable. If, under this Automatic Payment Authorization a document must be "signed," a digital or electronic signature that complies with applicable federal law requirements or a pre-affixed facsimile signature will meet this requirement.

\* Accounts in Total Deferment are not eligible for this rate reduction until repayment begins.

<i>Borrower Signature</i>	<i>Borrower Social Security Number</i>	<i>Today's Date</i>
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**Note: YOU MUST CONTINUE TO MAKE YOUR MONTHLY PAYMENTS (via check or online) until you see the following message on your monthly statement** → **CONGRATULATIONS! YOU ARE ENROLLED IN OUR AUTO-PAY PROGRAM. YOUR MONTHLY BILL WILL BE DEDUCTED ON YOUR DUE DATE.**

<<<RETURN VIA FAX TO 703-674-4671>>  
PLEASE RETAIN A COPY FOR YOUR RECORDS