



ACH AUTHORIZATION FORM

Borrower's Name _____

Borrower's SSN _____ Date _____

Account Holder's Name _____

Type of Account Checking Savings

Bank Name _____

Routing Number _____ Account Number _____

Amount _____

Choose **one** of the following dates:

5th _____ 10th _____ 15th _____ 20th _____ 25th _____

The payment amount and authorized ACH date entered on this form must match the payment amount and due date of the borrower's payment agreement on file with MDHE. For questions regarding the payment agreement, the borrower should contact MDHE at 1-800-473-6757, option 3.

Choose **one** of the payment options below:

One Time Payment Monthly Recurring Payments until _____ (Month/Year)

I authorize the Missouri Department of Higher Education (MDHE) via their service provider Great Lakes Higher Education Corporation (Great Lakes) to debit my account for the payment amount listed above. I understand I can only revoke this authorization if I give Great Lakes sufficient prior notice for Great Lakes to act on my revocation. I also understand that MDHE reserves the right to cancel any recurring ACH payments if the terms of the payment agreement are not met.

Account Holder's Signature _____

Please return this completed form via email MDHE-ACHRequests@glhec.org
or fax **608-240-1243** for prompt action
or via mail to:

MDHE Accounting
P.O. Box 7849
Madison, WI 53707-7849