

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DRAFT (AUTODRAFT)

Student Loan/Account No. _____

Name _____

U.S. Bank Name/Branch _____

Bank Transit Routing No. _____

Bank Account Number _____

Draft Amt. \$_____ Frequency: Monthly Quarterly (Circle one)

Day of month amount should be drafted from account
(1st through 28th) _____

E-mail address _____

Signature _____ Date _____

Return with voided check to:



**CAMPUS
PARTNERS**

Campus Partners

PO Box 2902

Winston-Salem, NC 27102

**Please continue to make scheduled payments
until you receive written confirmation of your
participation in the AutoDraft program.**

Visit us at www.mycampusloan.com

6/04