

Name:

## PO BOX 18475 **OKLAHOMA CITY, OK 73154-0475**

## KwikPay® Authorization Form

Account Number:

If you do not have your account number, please provide your

not in an

Address:	If you do not	have your account number, please provide your
City, State ZIP:	Social Securit	y Number:
Phone Number:		
Alternate Phone Number:	Email Addres	5:
loans. I agree that any payments no these actions. I understand that su \$25 insufficient funds fee. Three co	ot honored are my responsibility. OSLA Stude fficient funds must be in my account for pay	to cover all my monthly student loan payments on my OSLA-serviced nt Loan Servicing will not incur any liability or expenses as a result of ment. If sufficient funds are not in my account, I may be charged up to a nay result in additional fees and/or the termination of my KwikPay changes regarding the account.
	SLA at 866.264.9762 to speak with a Custom	vw.osla.org, by selecting Direct Loan Login, and then logging in to Manage er Service Representative; or, can send written notification to: OSLA, P.O.
paid) before the start date of my Kv increase in my monthly payment.	wikPay payments. If my account(s) is placed Additionally, I understand that the 0.25% ber	(if the terms of my loan allow forbearance) for all payments due (and not in forbearance, all unpaid interest will be capitalized. This may result in an efit will not be applied to my loans for any months that my account is in a has ended, the 0.25% benefit will be reinstated.
I understand that I must continue to	o make monthly payments until I receive writ	ten notification that the automatic withdrawals are to begin.
I understand my monthly statemen	t will reflect any change to my payment amo	unt.
		to contact me about my account at any phone number associated with stic dialing systems, artificial or prerecorded messages, text messages, or
		mount below, which is greater than my monthly payment amount, from Fotal monthly payment amount to be debited is \$
Bank Information: Please complete the following. Note: Only U.S. banks may be a		check or deposit slip from the bank account you wish to use.
Checking Account	Savings Account	
Name of Financial Institution:		
Address:		
City:	State:	ZIP:
Bank Account Number:	Transit Routing/ABA Number:	
l,	, certify that I am	the holder of the bank account.
Print Name		
Porrouge Cignoture		D-+-
Borrower Signature		Date

After completing this form please print, sign and return it by regular mail or fax to 855-813-2224. **DO NOT EMAIL THIS COMPLETED FORM.** Email is not a secure method of transmitting this personal and private information and using it could compromise the security of your banking information.