



AUTO-PAYMENT AGREEMENT

Please print, complete and return to:

Mid-Continent University
99 Powell Road East
Mayfield, KY 42066

I (we) hereby authorize Mid-Continent University and the financial institution named below to initiate withdrawals to my (our) checking/savings account. This agreement will remain in effect until I notify Mid-Continent University to cancel the auto-pay program and within enough time as to afford the financial institution(s) a reasonable opportunity to act on the cancellation or until my student loan with Mid-Continent University is paid in full. I understand that I can stop payment of any withdrawal by notifying my financial institution three days before my account is charged. I may revoke my authorization at any time by cancelling my auto-payment agreement via email at StudentLoans@midcontinent.edu, via fax at 270-856-9216, or by writing to Mid-Continent University, 99 Powell Road East, Mayfield, KY 42066. The deducted amount must be equal to or greater than my current monthly payment and is subject to change based on my repayment terms if my loan is in a Graduated Repayment plan. If the payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.

PLEASE INCLUDE: A voided check for checking withdrawals or a deposit slip for savings withdrawals

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Phone Number: _____

Account Type: Checking_____ Savings_____ (check one only)

Account Number: _____

Financial Institution Routing #: _____

Monthly Withdrawal Date: _____ (1st – 28th only)

Monthly Payment: I authorize this amount to be deducted from my account each month:

\$ _____ (must at least equal the regular monthly payment)

In order to properly manage your account with MCU and verify the accuracy of the information provided above, a test draw of \$0 may be initiated before your first payment. This is a standard operating procedure for regular ACH transactions to ensure that your bank account instructions have been correctly received.

Signature: _____

Full Name: _____

Social Security Number: _____

Date: _____ Telephone Number: _____

If your account is a Joint Account, both account holders must sign.

Signature 2: _____

Full Name 2: _____

Date: _____ Telephone Number: _____