

# EZ PAY AUTHORIZATION FORM

I hereby authorize Oklahoma Student Loan Authority (OSLA) to initiate debit entries to my checking or savings account at my financial institution. Debit entries vary for a number of reasons including but not limited to being in a graduated payment program, adding additional loans, variable interest rates, deferments, forbearances, and final balance payments. This authority is to remain in effect until OSLA has received written notification from me 10 days prior to termination, or until I receive written notification of termination from OSLA. This authorization shall be governed by and construed with the laws of the State of Oklahoma and the federal laws of the United States.

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Name of Financial Institution

Phone Number

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Transit Routing / ABA Number  
(lower left hand corner of check)

Account Number

Withdrawal  
Dates and  
Amounts

DAY of Month  
(1st to 28th only)

Amount to be  
Withdrawn on that day

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

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Signature of Name on Account Listed Above

Date

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OSLA Borrower Name (printed)

Account or Social Security Number

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Email Address

Phone Number

If I am unable to make up past due payments, I request a forbearance to cover all past due amounts before the EZ Pay withdrawals begin. I authorize my lender to bring my loan current and capitalize (add to the principal balance) the outstanding interest.

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Signature of OSLA Borrower

Date

Return To:



PO Box 18145  
Oklahoma City, OK 73154