



PHEAA ACH AUTHORIZATION AGREEMENT

Add

Change

Department of Education (DOE) School Code _____ Employer Code (TIN) _____ Department Code _____

Disbursing Program _____

PHEAA Customer Name _____

Address _____

Name of Financial Institution _____

Financial Institution Address _____

Account Number _____

Checking

Savings

General Ledger

Transit Routing Number (ABA) _____

I hereby certify that I am the duly authorized official fully empowered to legally bind the above referenced PHEAA Customer ("Customer") in executing this authorization. By signing below in the capacity of Authorizing Official, I, as an agent of the Customer, hereby authorize the Pennsylvania Higher Education Assistance Agency ("PHEAA") (or its designated agent) to initiate credit and/or debit entries to the account number(s) of the financial institution(s) as indicated above, and, further, to authorize the above referenced financial institution(s) (each, a "Financial Institution") to credit and/or debit, as applicable and as indicated above, the same to such account(s). As of the date below, this authority is to remain in full force and effect until PHEAA shall have received written notification from the Customer stating its termination in such time and in such manner as to afford PHEAA and the applicable Financial Institution a reasonable opportunity to act upon such notice. On behalf of the Customer, I hereby acknowledge that we shall have the right to stop payment of a debit entry by providing notification to the above authorized Financial Institution in such time as to afford it with a reasonable opportunity to act upon such order prior to it charging our account. After our account has been charged, we may have the right to have the amount of an erroneous debit immediately credited to such account by the Financial Institution, provided we send written notice of such debit entry to the applicable Financial Institution and PHEAA. I hereby ratify any instructions given pursuant to this authorization and agree, on behalf of the Customer, that PHEAA shall not be liable for any loss, liability, cost, or expense, if it follows reasonable procedures designed to prevent unauthorized transactions. I acknowledge that the origination of ACH transactions to our account(s) as indicated above must comply with U.S. law. The purpose of this authorization is to provide an efficient means of transferring funds in connection with financial aid for postsecondary education.

Authorizing Official to whom ACH inquiries are to be directed:

Name of Authorizing Official _____

Title of Authorizing Official _____

Telephone Number _____ Fax Number _____ Email _____

Signature of Authorizing Official _____ Date _____