

# WELCOME TO DIRECT DEBIT



To sign up for Direct Debit using this form, please do the following:

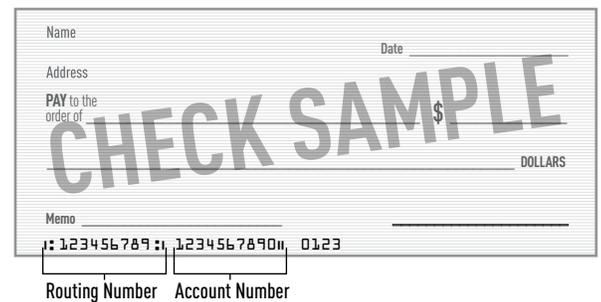
## 1. Type your information into this PDF document to complete it. Please complete all sections of the form.

You will be **REQUIRED** to provide the following:

- Full Name
- PHEAA State Grant Account Number or Social Security Number
- ABA/Routing Number
- Checking/Savings Account Number

### Where can I find my banking information?

Your bank routing and account numbers can be found on the bottom of your check or by asking your financial institution.



## 2. Print the agreement form by clicking on the “Print Form” button.

If you need a completed copy for your records, please print more than one copy.  
You will not be able to save a completed copy of this document to your hard drive.



## 3. Sign and return the agreement to:

PHEAA State Grant Refund  
P.O. Box 8157  
Harrisburg, PA 17105-8157  
Fax: 717-720-3644 • Attn: State Grant Refund  
Email: [GRCGrants@pheaa.org](mailto:GRCGrants@pheaa.org)  
Questions: 855-499-9544



## 4. Allow one or two billing cycles for Direct Debit to be set up.

Monthly billing statements are sent on or about the first (1<sup>st</sup>) of each month.  
Payment is due by the end of the month. NOTE - processing can take 3-5 business days.  
Continue to make your monthly installments until you receive a notice indicating that Direct Debit will begin.



# DIRECT DEBIT

## STATE GRANT AND SPECIAL PROGRAMS



### ELECTRONIC FUNDS TRANSFER AGREEMENT

Direct Debit makes it possible for you to have your refund payment deducted electronically from your checking or savings account on a recurring basis. Please fill out the information requested below (TYPE OR PRINT) and return to:  
PHEAA State Grant Refund, P.O. Box 8157, Harrisburg, PA 17105-8157

You may also fax your request to 717-720-3644 • Attn: State Grant Refund. Contact us, toll free, with questions at **855-499-9544**, or email [GRCGrants@pheaa.org](mailto:GRCGrants@pheaa.org). Representatives are available Monday through Thursday 8:00 AM to 9:00 PM, Friday 8:00 AM to 5:00 PM.

IS THIS A CHANGE FROM PREVIOUSLY REQUESTED INFORMATION?      YES      NO

#### GRANT RECIPIENT NAME

LAST:

FIRST:

MIDDLE:

PHEAA STATE GRANT ACCOUNT NUMBER  
OR SOCIAL SECURITY NUMBER:

DAYTIME PHONE:

EMAIL ADDRESS:

#### PAYMENT INFORMATION

BANK OR FINANCIAL INSTITUTION NAME:

ABA/ROUTING NUMBER:

(\*Required for checking or savings account)

CHECKING

SAVINGS

CHECKING/SAVINGS ACCOUNT NUMBER:

PAYMENT AMOUNT:

HOW OFTEN SHOULD THIS AMOUNT BE WITHDRAWN? (Please choose one)

BIWEEKLY

EVERY FOUR WEEKS

SAME DATE EACH MONTH

DATE OF FIRST PAYMENT:

(Must be within 30 days of  
signature date)

I authorize the Pennsylvania Higher Education Assistance Agency ("PHEAA") to initiate preauthorized Electronic Funds Transfers ("Transfers") to the State Grant or Special Programs account indicated above and from my designated account(s) with the bank or financial institution named above pursuant to the terms and conditions of this Agreement, as may be modified from time to time. I have read, understand, and agree to be bound by all of the terms and conditions of this Agreement. My authorization for the Transfers to my designated State Grant or Special Programs account shall continue in effect until my designated refund(s) are paid in full or until this Agreement is terminated by me or by PHEAA. By providing a telephone number(s), I am expressly consenting to my schools, Department of Education, servicer, guarantor, owner, holder of my loan(s) or any of their respective agents or affiliates to contact me via automatic telephone dialing system or similar device and/or using a prerecorded or artificial voice or message and/or by text message utilizing the telephone number(s) I provide which are associated with any wireless (mobile/cellular) phone or similar device or any other type of telephone number (Including VoiP) regardless of the purpose of the communication, even if such a communication incurs an access fee/charge from my provider/plan.

RECIPIENT SIGNATURE:

DATE:

# ELECTRONIC FUNDS TRANSFER AGREEMENT AND DISCLOSURE STATEMENT FOR RECURRING DIRECT DEBIT PAYMENTS

## A. Preauthorized Recurring Debit Entry Service

The Pennsylvania Higher Education Assistance Agency ("PHEAA") will electronically transfer funds from your designated checking/savings account(s) to the State Grant or Special Programs refund account(s) of your designation ("Transfer(s)").

## B. The Type and Nature of Electronic Funds Transfer

Each Transfer will be in the amount and frequency as directed by you by way of this Agreement. If your scheduled payment date(s) falls on a weekend or a holiday, then your account will be debited the next business day. In addition, any additional amount you have requested to be transferred will continue to be transferred, unless you notify PHEAA in writing as instructed below. You have the right to receive documentation concerning all Transfers. If a Transfer will vary in amount from the previous Transfer, PHEAA will inform you of the new Transfer amount at least 10 days in advance.

## C. In Case of Errors or Questions about Your Electronic Funds Transfer

In case of errors or questions about Transfers made under this Agreement, contact PHEAA in writing at PHEAA State Grant and Special Programs P.O. Box 8157 Harrisburg, PA 17105-8157, or by phone at 855-499-9544. If you believe there is an error with a Transfer or if you have questions about a Transfer, you must contact PHEAA as soon as possible. When communicating with PHEAA regarding an alleged error, you must

1. Provide your name, State Grant or Special Programs account number(s), and checking or savings account number.
2. Describe the alleged error and explain why you believe there is an error or need more information.
3. Provide the dollar amount of the alleged error.
4. To the extent possible, provide the date of the alleged error and a complete bank statement or letter from your financial institution as evidence of the alleged error.

This will not negate your responsibility to make payments on your State Grant or Special Program refund account.

## D. How to Stop a Transfer

After you have authorized PHEAA to make Transfers pursuant to this Agreement, you may stop a Transfer by providing timely notice to PHEAA using the telephone number, address, or email address listed above. PHEAA must receive your call, email or written request three (3) business days or more before a Transfer is scheduled to be made in order for the Transfer to be stopped. A phone request to stop a Transfer will only stop a single Transfer; Transfers will resume the following month.

**If you wish to stop all Transfers, you must notify PHEAA in writing either at the address or email address provided above**

You are responsible for all monthly payments on your State Grant or Special Programs refund account for which you have canceled Transfers. You must select another payment option made available by PHEAA in place of the canceled Transfer. If PHEAA receives your request to stop a Transfer three (3) business days or more before the Transfer was scheduled to be made and PHEAA fails to stop the Transfer, PHEAA may be liable only for your damages, unless its failure to stop the Transfer was due to circumstances beyond PHEAA's control.

## E. Confidentiality/Privacy

PHEAA may disclose information to third parties regarding your bank account, your State Grant and Special Programs account, and/or the Transfers under the following circumstances:

1. Where necessary to complete a Transfer;
2. To verify the existence and condition of your account for a third party, such as a credit bureau;
3. In order to comply with government agency requests, subpoenas, or orders, lawful discovery under federal or state rules of civil and criminal procedure, court orders, or as otherwise required by applicable law; or
4. If you give PHEAA written permission to do so.

## F. Other Agreements and Regulations

Transfers are subject to all charges, rules and regulations governing debits to accounts and all other agreements and disclosures for checking, savings, and overdraft line of credit accounts, and are subject to any future charges as permitted by law, regulation and/or your promissory note.

## G. Termination, Changes, Assignment, Insufficient Funds

PHEAA reserves the right to make changes to this Agreement or assign the obligation to process Transfers to a third party at any time. PHEAA may terminate this service without cause at any time, and you may permanently terminate this Agreement at any time by giving sufficient written notice as indicated above. It is your responsibility to ensure that you have sufficient funds to cover each Transfer. PHEAA reserves the right to collect from you any additional fees, as permitted by law and if applicable, your State Grant or Special Programs policies, resulting from insufficient funds. You are required to promptly submit a new Agreement to PHEAA if you make changes to your bank information including, but not limited to, your ABA/Routing Number or your checking/savings account number. You are also required to submit a new Agreement in order to preauthorize Transfers for any additional State Grant

## H. Business Days

For purposes of this Agreement, PHEAA's business days are Monday through Friday, excluding holidays.