

Lincoln County Rotary



Student Loan Fund, Inc.
PO Box 682
Lincolnton, NC 28093-0682

Dear Student & Co-Borrower

The attached auto draft form may be downloaded and filled out if you would like to set up your auto draft payments or make changes. You will need to contact my office for the basic information such as payment amount, and due date. Please choose the date that you would like your draft to occur. **Your options are: 1st, 5th, 10th, 25th.** You would need to set up your draft/payment authorization for the 1st, 5th, or 10th in order to avoid a late fee. **As agreed, please set your 1st auto draft payment to begin as discussed.**

Please complete the information concerning your bank at the top of each form, sign the forms, fill out the information on the two lines below your signature, and note what date you want the draft to occur based upon the available choices. Return the top two forms to me to the address below and I will present it to the SLF bank. **Please allow at least 1-2 weeks from the time you mail the forms for the draft to begin. You will need to start/continue payments and any related late fees until the draft begins.** Please submit an email address when returning the forms and I will inform you when the draft is activated.

In the meantime, if you need to make a payment online, please use our Student Secure Online Payment Link:
<https://secure.etransfer.com/ecommerce/payment/payment1.cfm?d2org=LCRotarySLF&d2tool=payment>

If you haven't had the opportunity to make a cash donation to our auction and would like to, you can do that on our website! Mark your calendars now for our 25th Annual Auction, April 20-21, 2018.

It is a condition of the loan that we are kept informed of all addresses and email addresses of all parties to the contract. We must have 3 separate Emails, and phone numbers at all times. Please provide:

Student Phone #: _____
1st Co-Borrower's Phone #: _____
2nd Co-Borrower's Phone #: _____

Student's Email: _____
1st Co-Borrower's Email: _____
Mom's Email: _____

Sincerely,



Gaye Howard
CEO/Administrator

Please mail the 1st page and the top 2/3rds of this form back to:
Lincoln County Rotary SLF, PO Box 682, Lincolnton, NC 28093

DRAFT/PAYMENT AUTHORIZATION

(FOR BANK)

(Bank Name) FINANCIAL ORGANIZATION MAINTAINING ACCOUNT:

ACCOUNT TYPE

BANK NAME _____

BANK ADDRESS _____

- Checking ()
- Savings ()
- NOW ()
- Share Draft ()

Please pay and charge my account all debits drawn by First Federal Savings Bank of Lincolnton, *Student Loan Fund, Inc.* bank account, to its order once each **MONTH** in the amount of _____

Month _____ (please circle one) 1st, 5th, 10th, 25th, **20** _____. The amount may vary from time to time within the minimum and maximum interest rate and escrow amounts specified in the account holder's loan contract.

Student's Name- _____

NAME _____ SIGNATURE _____
(Please Print - as it appears on account)

R/T # _____ BANK ACCOUNT NUMBER _____

DATE _____ LCRSLF Account Number (for office use only) _____

DRAFT/PAYMENT AUTHORIZATION

(FOR SLF OFFICE)

(Bank Name) FINANCIAL ORGANIZATION MAINTAINING ACCOUNT:

ACCOUNT TYPE

BANK NAME _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

- Checking ()
- Savings ()
- NOW ()
- Share Draft ()

Please pay and charge my account all debits drawn by First Federal Savings Bank of Lincolnton, *Student Loan Fund, Inc.* bank account, to its order once each **MONTH** in the amount of _____ beginning

Month _____ (please circle one) 1st, 5th, 10th, 25th, **20** _____. The amount may vary from time to time within the minimum and maximum interest rate and escrow amounts specified in the account holder's loan contract.

Student's Name- _____

NAME _____ SIGNATURE _____
(Please Print - as it appears on account)

R/T # _____ BANK ACCOUNT NUMBER _____

DATE _____ LCRSLF Account Number (for office use only) _____

DRAFT/PAYMENT AUTHORIZATION

(Detach & Keep For Student Records)

(Bank Name) FINANCIAL ORGANIZATION MAINTAINING ACCOUNT:

ACCOUNT TYPE

BANK NAME _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

- Checking ()
- Savings ()
- NOW ()
- Share Draft ()

Please pay and charge my account all debits drawn by First Federal Savings Bank of Lincolnton, *Student Loan Fund, Inc.* bank account, to its order once each **MONTH** in the amount of _____ beginning

Month _____ (please circle one) 1st, 5th, 10th, 25th, **20** _____. The amount may vary from time to time within the minimum and maximum interest rate and escrow amounts specified in the account holder's loan contract.

Student's Name- _____

NAME _____ SIGNATURE _____
(Please Print - as it appears on account)

R/T # _____ BANK ACCOUNT NUMBER _____

DATE _____ LCRSLF Account Number (for office use only) _____