The Foundation
of the Pennsylvania Medical Society

777 East Park Drive
P.O. Box 8820 • Harrisburg, PA 17105-8820
717-558-7854

Authorization Agreement for Pre-Arranged Payments (Debits)

I hereby authorize The Foundation of the Pennsylvania Medical Society (Foundation) to initiate debit entries to my ❒Checking ❒Savings account indicated below and the financial institution named below to debit the same to such account. Each such debit shall be made monthly on my due date in an amount equal to my student loan payment due to the Foundation.

FINANCIAL INSTITUTION: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TRANSIT/ABA NO.: |: | | | | | | | | | |: ACCOUNT NO.: _____

This authority is to remain in full force and effect until FINANCIAL INSTITUTION has received written notification from me of its termination in such time and in such manner as to afford FINANCIAL INSTITUTION a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to FINANCIAL INSTITUTION prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his/her account by FINANCIAL INSTITUTION up to 15 days following issuance of statement or 45 days after posting, whichever occurs first.

NAME: _____ LOAN ACCOUNT NO.: _____

SIGNED NAME: _____ DAYTIME PHONE NO.: (____)_____ DATE: _____

White –Foundation Copy Yellow – Loan Borrower's Copy

(Please attach a voided check to verify your account information.)

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