

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.

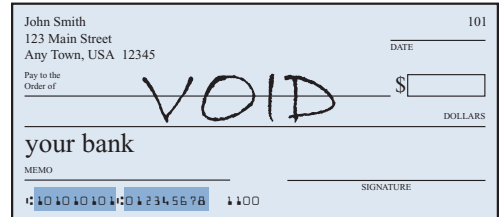
Name of Bank

\$ _____
Amount to be
Withdrawn Each Month

Day of Month for
Withdrawal
(1st to 28th only)

Withdraw from
 Checking Savings

Begin withdrawal
 Current month
(Withdrawal date must be at least 10 days out.)
 Next month
(Borrower is responsible for any payments
prior to start of withdrawals.)



Bank Routing Number

Account Number

Signature for the Bank Account Listed Above

Date

OSLA Borrower Name (please print)

Student Loan Account or Social Security Number

Phone

E-mail

Please read.

Borrowers participating in EZ Pay will normally receive monthly statements. Quarterly statements are sent for accounts in School Deferment.

If I am unable to make up past due payments, and my account is less than 90 days delinquent, 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. Accounts having a delinquency greater than 90 days are not eligible for EZ Pay.

Signature of OSLA Borrower for Account Listed Above

Date