



PO BOX 18475
OKLAHOMA CITY, OK 73154-0475

KwikPay® Authorization Form

Name: Account Number:
Address: If you do not have your account number, please provide your
City, State ZIP: Social Security Number:
Phone Number:
Alternate Phone Number: Email Address:

I authorize OSLA Student Loan Servicing to charge my checking/savings account to cover all my monthly student loan payments on my OSLA-serviced loans. I agree that any payments not honored are my responsibility. OSLA Student Loan Servicing will not incur any liability or expenses as a result of these actions. I understand that sufficient funds must be in my account for payment. If sufficient funds are not in my account, I may be charged up to a \$25 insufficient funds fee. Three consecutive occurrences of insufficient funds may result in additional fees and/or the termination of my KwikPay agreement. I also understand that it is my responsibility to notify OSLA of any changes regarding the account.

I understand that KwikPay® payments can be cancelled or changed online at public.osla.org, by selecting Direct Loan Login, and then logging in to Manage My Account. Borrowers may call OSLA at 866.264.9762 to speak with a Customer Service Representative; or, can send written notification to: OSLA, P.O. Box 18475, OKC, OK 73154-0475, or by fax 855.813.2224.

I further agree to allow OSLA Student Loan Servicing to grant me a forbearance (if the terms of my loan allow forbearance) for all payments due (and not paid) before the start date of my KwikPay payments. If my account(s) is placed in forbearance, all unpaid interest will be capitalized. This may result in an increase in my monthly payment. Additionally, I understand that the 0.25% benefit will not be applied to my loans for any months that my account is in a forbearance or a deferment status. Once the forbearance or deferment status has ended, the 0.25% benefit will be reinstated.

I understand that I must continue to make monthly payments until I receive written notification that the automatic withdrawals are to begin.

I understand my monthly statement will reflect any change to my payment amount.

I expressly authorized OSLA and its representatives and related companies to contact me about my account at any phone number associated with me, including cellular and wireless phones, and to contact me using automatic dialing systems, artificial or prerecorded messages, text messages, or email.

KwikPay Alternate ACH Amount Option : I authorize OSLA to debit the amount below, which is greater than my monthly payment amount, from my checking/savings account each month to satisfy my monthly payment. Total monthly payment amount to be debited is \$

Bank Information:

Please complete the following. You may also submit a copy of a voided check or deposit slip from the bank account you wish to use.
Note: Only U.S. banks may be used.

Checking Account Savings Account

Name of Financial Institution:

Address:

City:

State:

ZIP:

Bank Account Number:

Transit Routing/ABA Number:

I, _____, certify that I am the holder of the bank account.

Print Name

Borrower Signature

Date

After completing this form please print, sign and return it by regular mail or fax to 855-813-2224. **DO NOT EMAIL THIS COMPLETED FORM.** Email is not a secure method of transmitting this personal and private information and using it could compromise the security of your banking information.