

What is a Preauthorized Debit Account?

A Preauthorized Debit Account (PDA) is an account that gives your bank the authority to automatically deduct your defaulted Federal education debt payments from your checking/savings account.

What are the Benefits?

The benefits of PDA are your payments will always be made on time, you will save on postage fees, and you can choose from several repayment options that will better suit your financial budget while repaying your student aid debt.

How to Establish an Account?

To establish an account, please complete the Preauthorized Debit Application attached to this brochure. Then, mail it to the address at the bottom of the application, along with a blank check or savings account authorization voucher on which you have written "VOID." After your bank starts deducting your payments, an itemization of your defaulted Federal education debt transactions will appear on your bank statement.

What Amount will be Debited from My Account?

On the application, please indicate whether you want debits done weekly, biweekly (once every two weeks), or monthly. The total amount(s) deducted during a given month must equal to be greater than the amount designated on your original repayment agreement, if one has been established.

What if I want to Cancel my PDA Service?

To cancel your PDA service, just call the U.S. Department of Education's Default Resolution Group at 1-800-621-3115 (TTY: 1-877-825-9923). After cancellation, it may take seven (7) days to discontinue the electronic debiting service and there may be one more automatic payment deduction from your checking or savings account.

PLEASE NOTE:

Your bank name, voided check or savings account voucher, and your bank's routing number are required to establish your Preauthorized Debit Account. Your personal information will be kept confidential.

Save this part for your records:

Bank Name: _____

Checking Account #: _____

Savings Account #: _____

Routing Number:

Deduct payments of \$_____ from my account.

Weekly Circle a day: M T W Th F

Biweekly Enter start date from 1-28: ____

Monthly Enter start date from 1-28: ____

(Your payment will be debited on the specific day or date you enter.)

Date Signed: _____

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To learn more about PDA via the Internet, go to the following Web site:

www.myeddebt.ed.gov

PREAUTHORIZED DEBIT APPLICATION

Mail in this portion . . .

Account Number

(this number appears on your monthly statement)

I, _____

Applicant's Name – (please print)

authorize my bank to deduct my defaulted Federal education debt payments automatically from the account designated below. **I understand that I must make regular monthly payments until I am notified that my Preauthorized Debit Account Application has been processed.** If at any time I decide to discontinue Preauthorized Debits, I will notify the U.S. Department of Education's Default Resolution Group at 1-800-621-3115 (TTY: 1-877-825-9923).

Bank Name: _____

Checking Account #: _____

Savings Account #: _____

Routing Number:

Deduct debits of \$_____ from my account.

Weekly Circle a day: M T W Th F

Biweekly Enter start date from 1-28: ____

Monthly Enter start date from 1-28: ____

SSN: _____

Applicant's Signature

Date

Daytime Phone: (_____) _____

Return this Application with voided check or savings account voucher with routing number to:

**PREAUTHORIZED DEBIT PROGRAM
P.O. BOX 4139
GREENVILLE, TX 75403-4139**

OMB No. 1845-0025
Form Under Review
Exp. Date xx/xx/xxxx

PRIVACY ACT NOTICE

The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authority for collecting the requested information from and about you are §428(b)(2)(A) *et seq.*, §451 *et seq.*, and/or §461 *et seq.* of the Higher Education Act (HEA) of 1965, as amended (20 U.S.C. 1078(b)(2)(A) *et seq.*, 20 U.S.C. 1087a *et seq.*, and/or 20 U.S.C. 1087aa *et seq.*) and the authorities for collecting and using your Social Security Number (SSN) are §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Federal Family Education Loan (FFEL) Program, William D. Ford Federal Direct Loan (Direct Loan) Program, and Federal Perkins Loan (Perkins) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program, Direct Loan Program, and/or Perkins Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case by case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions efficiently to submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts,

disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

PAPERWORK REDUCTION NOTICE.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0025. Public reporting burden for this collection of information is estimated to average 0.083 hours (5 minutes) per response, including time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit (U.S. Code 15 USC 1601 Consumer Credit Protection Act). **If you have any comments or concerns regarding the status of your individual submission of this Preauthorized Debit Application, write directly to:**

**U.S. Department of Education
Preauthorized Debit Program
P.O. Box 4139
Greenville, TX 75403-4139**