

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DRAFT (AUTODRAFT)**

Student Loan/Account No. \_\_\_\_\_

Name \_\_\_\_\_

U.S. Bank Name/Branch \_\_\_\_\_

Bank Transit Routing No. \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Draft Amt. \$ \_\_\_\_\_

E-mail address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return with voided check to:**



**Campus Partners  
PO Box 2901  
Winston-Salem, NC 27102**

**Please continue to make scheduled payments until you receive written confirmation of your participation in the AutoDraft program.**

Visit us at [www.mycampusloan.com](http://www.mycampusloan.com)