



201 North Washington Street  
Alexandria, VA 22314

Educational Assistance Program  
Payment Option Form

Date: \_\_\_\_\_

Student-Borrower Name: «PrimaryName»  
Monthly Repayment Amount: \$«BillAmt»  
Student-Borrower MOAA Student Number: «CustomerID»

Student-Borrower Full Mailing Address: \_\_\_\_\_  
Student-Borrower Email Address: \_\_\_\_\_ Student-Borrower Phone Number: \_\_\_\_\_

Payer Email Address (if different from student): \_\_\_\_\_  
Payer Mailing Address: (if different from student): \_\_\_\_\_

Military Parent Sponsor Name: \_\_\_\_\_  
Military Parent Sponsor Mailing Address: \_\_\_\_\_  
Military Parent Sponsor Email Address: \_\_\_\_\_ Military Parent Sponsor Phone Number: \_\_\_\_\_  
Military Parent Sponsor MOAA Member Number: \_\_\_\_\_

\*Military Parent Sponsor must maintain paid MOAA membership if Military Parent sponsor is eligible for MOAA membership for the life of the loan.  
\*\*Military Parent Sponsor must maintain paid Voices membership if active duty or retired enlisted (effective with 2013-2014 school year).

Please indicate Payment Preference:

Paper Invoice - Mailing Address: \_\_\_\_\_ or

Email Invoice: \_\_\_\_\_ or

Automatic Payment System - please complete the section below:

Please indicate the month you would like to begin automatic payments: «BeginDate»

I hereby authorize debiting of any loan amounts I/we owe, as instructed by the Military Officers Association of America ("MOAA") Scholarship Fund, by initiating debit entries to my bank account or my credit card as indicated on this form. Further, I/we authorize acceptance and debiting of any debit entry indicated to my accounts. In the event that an erroneous debit entry is deducted from my account, I/we authorize a credit to my account for an amount not to exceed the original amount of the erroneous debit.

This authorization is to remain in full force and effect until the MOAA Scholarship Fund has received written notice from me of its termination in such time and manner as to afford a reasonable opportunity to act on the confirmation and instruction.

Signature of Payee: \_\_\_\_\_

**Important! Please read, complete, and sign before sending:**

**Deduction Authorization Form for Repayment via Bank Account or Credit/Debit Card**

To repay your loan using either Direct Debit from your checking or savings account or by credit card, simply fill out this form and follow the directions below. Once authorization has been received, **monthly debits to your account will begin in the effective month made on or about the 10<sup>th</sup> or 20<sup>th</sup> of each month**, depending on which day selected by you below.

Select the debit date and option you prefer and fill in the applicable information below:

Please select preferred payment option below (please select one option):

Direct Debit from a Bank Account (please select below):  
 on or about the 10<sup>th</sup>       on or about the 20<sup>th</sup>

Name of Bank: \_\_\_\_\_  
9 Digit Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account\*:  Checking Account or  
 Savings Account

\*Attach a voided check for a checking account (if possible) or if selecting a Savings Account to be debited, please confirm the 9 digit routing number with your bank.

Credit / Debit Card Account (please select below):  
 12<sup>th</sup> of each month       23<sup>rd</sup> of each month

Type of Card:  MasterCard       Visa  
 American Express       Discover  
Name of Cardholder: \_\_\_\_\_  
Address of Cardholder: \_\_\_\_\_  
Credit/Debit Card Number: \_\_\_\_\_  
(Please write legibly)  
Credit/Debit Card Expiration Date: \_\_\_\_\_