



# Educational Assistance Program Payment Option Form

**Requested Start Date:** \_\_\_\_\_

Because the maintenance of your financial security is important to us, we ask that you refrain from emailing this form upon its completion. Please mail a hard copy to the address enclosed at the bottom of this form.

**Student's Name:** \_\_\_\_\_ **MOAA Student Number:** \_\_\_\_\_

Student's Address: \_\_\_\_\_  
\_\_\_\_\_

Student's Phone: \_\_\_\_\_

Student's Email: \_\_\_\_\_

**Sponsor's Name:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_  
\_\_\_\_\_

Sponsor's Phone: \_\_\_\_\_

Sponsor's Email: \_\_\_\_\_

I hereby authorize the debit of any loan amounts I owe as instructed by the Military Officers Association of America Scholarship Fund, by initiating debit entries to my bank account or my credit card as indicated on this form. Further, I authorize acceptance and debiting of any indicated debit entry to my accounts. In the event that an erroneous debit entry is deducted from my account, I 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.

**Payer's Signature:** \_\_\_\_\_

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

Direct Debit from Bank on the **10th** [ ] or on the **20th** [ ]

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking or Savings: \_\_\_\_\_

\*Please attach a voided check if selecting checking or confirm your nine-digit routing number with your bank if selecting savings.

Direct Debit from Card on the **12th** [ ] or on the **23rd** [ ]

Type of Card: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_  
\_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration: \_\_\_\_\_

**[ ] Please check here if you would prefer to receive your monthly invoices via email.**