

## Automatic ACH Payment Authorization Form Instructions

Automatic ACH payment is the most convenient way to pay. We encourage you to enroll in our automatic debit (ACH) program by completing the form on the next page.

### Why Enroll?

- ✓ Save on interest payments - receive a **0.25%** reduction on your interest rate for as long as you are enrolled
- ✓ Save time, money and hassle - set it up once and never miss a payment, no need to remember to pay your bill each month or set up monthly payment reminders
- ✓ Save the earth - reduce paper waste and energy usage
- ✓ Safe and secure - protect your information

### How to Complete the Form

1. Indicate whether the authorized account is a checkings or savings account
2. Provide your 9-digit Bank Routing Number (see below for where to find this information)
3. Provide your Account Number (see below for where to find this information)
4. Provide your full name
5. E-sign/sign and date


You can use your Approval Truth in Lending Disclosure as a reference for when your payments begin and at what amounts.

The image shows a sample check from Time Town Bank. The check is addressed to JANE DOE at 1234 TOWN ST., TOWN TOWN, NY, 12345. The check number is 101. The payee is blank, and the amount is blank. The bank name is TIME TOWN BANK. The MEMO field is blank. The MICR line at the bottom is ⑆ 23455789 ⑆ 0000 ⑆ 2495229 ⑆ 10 ⑆. Brackets below the MICR line identify the first 9 digits (23455789) as the Routing number and the next 10 digits (0000 2495229) as the Account Number.

JANE DOE  
1234 TOWN ST.  
TOWN TOWN, NY, 12345

101  
DATE

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
DOLLARS

 TIME TOWN BANK

MEMO \_\_\_\_\_

⑆ 23455789 ⑆ 0000 ⑆ 2495229 ⑆ 10 ⑆

Routing number      Account Number

## ACH Payment Authorization Form

In this Authorization, "you" and "your" mean the Account Holder(s) who sign this Authorization. "We," "us," and "our" means Climb Investco, LLC or any assignee or servicer of Climb.

By signing below, you authorize us to initiate regularly scheduled electronic fund transfers in the form of ACH debit entries from your deposit account identified below ("Deposit Account"), and to credit those amounts to the amounts due under your student loan account. If necessary, you also authorize us to initiate transactions to correct any erroneous payment transaction.

By signing below you also certify that you are an authorized signor on the Deposit Account. If a different person owns the Account, you understand he or she must agree to this Authorization by signing below.

Your payments will recur every month on the dates and in the amounts specified on the payment schedule in the Final Disclosure you will receive. If you would like to be debited on a particular day of the month, please contact us by calling 1-888-510-0533. You authorize us to seek 50% to 110% of the payment amount set forth on your payment schedule unless you advise us that you are exercising your right to receive written notice of any varying payments by writing to us at 133 W 19th St, 4th Floor, New York, NY 10011. You understand that your bank may charge a fee for any unsuccessful payment and that we have no liability for any such fee.

### Deposit Account Information:

Type of Account:                      Checking Account                      Savings Account

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

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

Depositor Name: \_\_\_\_\_

You authorize us to initiate the ACH payment(s) described in this authorization form according to the terms outlined above. If any payment date described above falls on a weekend or holiday, you understand that the payment may be debited on the next business day. If you have authorized recurring payments, you understand that this authorization will remain in effect until your student loan account is paid in full or you cancel this authorization in writing (at 133 W 19th St, 4th Floor, New York, NY 10011) or by calling 1-888-510-0533. You agree to notify us in writing of any changes in your account information, including cancellation of this authorization, at least 3 days prior to the next payment date.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF ACCOUNT HOLDER, IF DIFFERENT FROM  
BORROWER \_\_\_\_\_ DATE \_\_\_\_\_

All forms can be completed and emailed back to [hello@climbcredit.com](mailto:hello@climbcredit.com).