

College Ave Central Set Up Information

School Name: _____

School DOE Code: _____ School Branch (es) Code: _____

School Address: _____

School Certification Contact: _____

Phone: _____ E-Mail: _____

School Disbursement Contact: _____

Phone: _____ E-Mail: _____

LIST ADDITIONAL USERS

Name: _____ E-Mail: _____

Certification Disbursement

Name: _____ E-Mail: _____

Certification Disbursement

Name: _____ E-Mail: _____

Certification Disbursement

Name: _____ E-Mail: _____

Certification Disbursement

School Bank Account Authorization Form

The undersigned authorizes College Ave Student Loans to initiate transactions to the designated bank account provided on this form.

- ▶ You confirm that you have authority to permit deposits to and withdrawals from this account.
- ▶ You authorize College Ave Student Loans and its affiliates to store this account information in order to facilitate loan disbursement transactions.
- ▶ Your authorization remains in full force and effect until College Ave Student Loans has received notification from you of its termination in such time and in such manner as to allow College Ave Student Loans a reasonable opportunity to act.
- ▶ You understand that College Ave Student Loans reserves the right to discontinue this service at any time and in its sole discretion.

School Name: _____

School DOE Code: _____ School Branch (es) Code: _____

Signature: _____ Date: _____

Printed Name/Title: _____

Account Type: Checking Savings

Bank Account ABA Number: _____

Bank Account Number: _____

Please return this form via one of the following methods:

Email: schools@collegeave.com **(please zip/password protect the file)**

Fax: 302-272-5997

Mail: College Ave Student Loans
233 N. King Street, Suite 400, Wilmington, DE 19801