



Access Group Loan Servicing
 P.O. Box 7450
 Wilmington, Delaware 19803-0450
 U.S.A.

877-472-3227 (toll-free, U.S. only)
 302-477-6430 (from outside the U.S.)
 Fax 302-476-3555
 E-mail: servicing@AccessGroup.Org
www.AccessGroup.Org/Account

APPLICATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

Complete and sign this form, then return to the address or fax number above. You must continue to make your scheduled monthly payments manually until you receive confirmation that your payments will be debited automatically. It may take up to two billing cycles before your account is set up for EFT payments. Once your account has been set up for EFT payments, if you change banks, you must submit a new Application for EFT to authorize the automated debit from the new account. Once we receive your new Application, the prior EFT payment plan will be cancelled immediately, and you must make payments manually until the new EFT arrangement begins, which may take up to two billing cycles.

Borrower Information:

Name: _____ Loan Account Number: _____
 Address: _____

 Home Phone _____ Cell Phone _____ Work Phone _____ E-mail Address _____

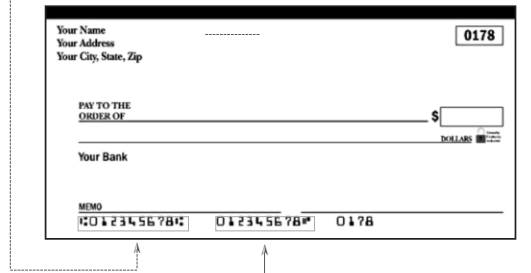
Financial Institution Information:

Name: _____
 City: _____ State: _____ Zip: _____

Transit Routing (ABA) Number:
(always 9 digits)

Account Number:
 Checking Saving

- Please confirm with your banking institution that your account can accept ACH debits and that you have provided the correct ABA for ACH transactions.
- To ensure the accuracy of your account you may attach a voided check or savings deposit ticket.



Your signature below acknowledges you have read and understand the following important information:

Amount of payment: Refer to your monthly statement — the scheduled payment amount will be deducted from your bank account. The amount of your payment is likely to vary at least quarterly, based on changes in variable interest rate or other factors.

Date of payment: Refer to your monthly statement — your payment will be debited on the due date shown. If you would like to change your monthly due date, call us at one of the numbers above.

Right to stop automatic payments: You have the right to stop these payments at any time. To do so, call us at one of the numbers above or write to the address above. Phone cancellations must be received three business days before the next payment due date. Written cancellations must be received 14 business days before the next payment due date.

Additional payment information: Additional payments may advance your due date, which may postpone your scheduled monthly payments. To prevent this, in the event you wish to make additional payments, please provide instructions not to advance your due date with any additional payments.

Your responsibility:

1. Your account balance(s) must be current before you are eligible to be set up for Electronic Funds Transfer.
2. The first time there are insufficient funds in the account specified on the date of the auto-debit or if your bank refuses the payment at your request, any borrower benefit (e.g., interest rate discount) associated with auto-debit payment **will be permanently terminated** and you may be responsible for manually sending a payment as well as paying any bank fees and/or late charges.
3. If there are insufficient funds or a scheduled payment is denied a second time, we will cancel your auto-debit arrangement and you may be responsible for manually sending a payment as well as paying any bank fees and/or late charges. However, after making 12 consecutive monthly payments on time and in full, you may apply to be set up for EFT payments again (although your loans will remain ineligible for any borrower benefits related to EFT payments).

I hereby authorize Access Group, Inc. to initiate debit entries to my account indicated above and authorize the depository named above to debit the same to such account.

This authority is to remain in full force and effect until Access Group, Inc. and the above named depository have received notification from me of its termination in such time and such manner as to afford Access Group, Inc. and the depository a reasonable opportunity to act on it. By signing below, you represent and warrant that you are legally authorized to access funds from the account specified.

Signature: _____ Date: _____
 Bank Account Owner Signature*: _____ Date: _____

*Required only if the bank account owner is different from the borrower