

Rehabilitation Program Check List

Your Personal "All in One" Guide to Success

To complete the Rehabilitation Program, the following steps must be achieved with...

Accuracy..... *using a black pen*
Timeliness..... *meeting deadlines with your Account Specialist*
Passion..... *to create a new opportunity*

Please print this document for reference as it outlines which forms, (from this site), you will need to Complete the program. You will also use it for planning sessions with your Account Specialist.

Call your Account Specialist with any questions when completing your checklist for the Rehabilitation Program

| <u>Tasks</u> | <u>Document Name on Website</u> | <u>Completion Date</u> |
|--|---|------------------------|
| Step 1: Financial Statement (Complete this step with your Account Specialist) | FIS Statement (Financial Disclosure for Reasonable and Affordable Payments Documentation) | <input type="text"/> |
| Step 2: Check Stubs (2 most recent) (Use Gross Income and make sure copies are clear...include Spouses if married) | | <input type="text"/> |
| Step 3: Identify Adjusted Gross Income (AGI) (Tax Return 1040-physically sign 1040-only include if not sending Check Stubs) | | <input type="text"/> |
| Step 4: Vehicle Certification (Specify how many vehicles you have and monthly expenses) | Vehicle Certification (Certification of Vehicular Ownership Document) | <input type="text"/> |
| Step 5: Other Income (List on lines 3-7 and send proof of each...such as Award Letter, etc...) | Possible Documents Needed (Certification of Unemployment or Support of Monthly Expenses Certification) | <input type="text"/> |
| Step 6: Other Financial Obligations (List on lines 9-20 and send proof for anything listed on lines 13-19) | | <input type="text"/> |
| Step 7: Identify Hardship Payment Amount (Complete this step with your Account Specialist) | | <input type="text"/> |
| Step 8: Secure Payment Arrangements (Complete this step with your Account Specialist) | | <input type="text"/> |
| Step 9: Payment Authorization (Fax or Email back then call your Account Specialist) | Recurring Authorization Form (5 Pages – fill out and return pages 1 and 2) | <input type="text"/> |
| Step 10: Permission to Email (Optional) (Fax or Email back then call your Account Specialist) | Permission to Email | <input type="text"/> |
| Step 11: Rehabilitation Agreement Letter (Fax or Email back then call your Account Specialist) | | <input type="text"/> |

(Phone Number 888-253-4239, Fax# 1-844-965-9229, Email – mailadmin@actionfinancial.us.com)

Never confuse motion with Action!!!



RAP

FINANCIAL DISCLOSURE FOR REASONABLE AND AFFORDABLE REHABILITATION PAYMENTS

William D. Ford Federal Direct Loan (Direct Loan) Program
Federal Family Education Loan (FFEL) Program

OMB No. 1845-0120
Form Approved
Exp. Date 03/31/2017

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN _____-_____-_____

Name _____

Address _____

City, State, Zip _____

Telephone – Primary (_____) _____ - _____

Telephone – Alternate (_____) _____ - _____

E-mail (optional) _____

SECTION 2: HOUSEHOLD INCOME AND REASONABLE AND NECESSARY MONTHLY EXPENSES

You have received this form because you requested the opportunity to rehabilitate your defaulted Direct Loan(s) and/or FFEL Program Loan(s) and objected to the monthly payment amount your loan holder calculated using the 15 percent formula (15% of the amount by which your Adjusted Gross Income exceeds 150% of the poverty guideline amount applicable to your family size and state, divided by 12). **Before completing this section, carefully read the entire form, including the instructions and definitions in Sections 5, 6, and 7.** Your loan holder will use the information you provide on this form to determine an alternative reasonable and affordable monthly payment amount. If you want to rehabilitate your defaulted loan(s) you must choose to make qualifying payments in either the payment amount calculated using the 15 percent formula or the alternative payment amount determined based on the information you provide on this form. Once you choose the payment amount you want to make you must make 9 on-time payments of that amount over the next 10 months.

Provide the **monthly** income and expense information listed below. Do not include documentation of these sources of income or expenses unless requested to do so by your loan holder. Do not include your spouse's income if your spouse does not contribute to your household income. Your loan holder has the authority to determine if the claimed amount of any expense is reasonable and necessary.

MONTHLY INCOME

1. Your employment income : \$ _____
2. Spouse's employment income : \$ _____
3. Child support payments received: \$ _____
4. Social Security benefits: \$ _____
5. Worker's compensation: \$ _____
6. Public assistance: \$ _____
List type(s): _____
7. Other income: \$ _____
Describe: _____
8. **Total Monthly Income:** \$ _____

(Sum of items 1 through 7)

MONTHLY EXPENSES

9. Food: \$ _____
10. Housing: \$ _____
11. Utilities: \$ _____
12. Basic communication: \$ _____
13. Necessary medical and dental: \$ _____
14. Necessary insurance: \$ _____
15. Transportation: \$ _____
16. Dependent care: \$ _____
17. Required child support /
Spousal support: \$ _____
18. Federal student loan payments: \$ _____
19. Private student loan payments: \$ _____
20. Other expenses: \$ _____
Describe: _____
21. **Total Monthly Expenses:** \$ _____

(Sum of items 9 through 20)

Borrower Name _____ Borrower SSN: _____ - _____ - _____

SECTION 3: FAMILY SIZE, ADJUSTED GROSS INCOME, AND SPOUSAL IDENTIFICATION

Before completing this section, carefully read the entire form, including the instructions and definitions in Sections 5, 6, and 7.

1. Your family size: _____

(Note: Your family size includes you, your spouse, and your children (including unborn children who will be born before the end of the calendar year), if the children will receive more than half their support from you. Your family size includes other people only if they live with you now, receive more than half their support from you now, and will continue to receive this support from you for the year for which you are certifying your family size. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs.)

2. Adjusted Gross Income (AGI) amount reported on your most recent IRS tax filing: \$ _____ [Optional]

(Note: AGI is used to determine a reasonable and affordable rehabilitation payment amount using the 15 percent formula. You have the option to report AGI on this form in case you decide to accept the monthly payment amount determined using the 15 percent formula, rather than the monthly payment amount determined using the income and expense information you provided on this form. If you choose the payment amount determined using the 15 percent formula, you will be required to submit documentation of your AGI to your loan holder.)

3. Spouse's Name: _____ 4. Spouse's SSN: _____ - _____ - _____

(Note: Your spouse's name and Social Security Number are only required if you are requesting rehabilitation of a Direct Consolidation Loan or Federal Consolidation Loan that was made jointly to you and your spouse)

SECTION 4: UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION

Before completing this section, carefully read the entire form, including the instructions and definitions in Sections 5, 6, and 7.

I understand that:

1. I have received this form because I requested the opportunity to rehabilitate my defaulted Direct Loan(s) and/or FFEL Program Loan(s) and objected to the reasonable and affordable monthly payment amount calculated using the 15 percent formula.
2. My loan holder will calculate an alternative reasonable and affordable monthly payment amount that will be based solely on the information I provide on this form and, if requested, supporting documentation.
3. If I do not accept the monthly payment amount calculated using either the 15 percent formula or based on the income and expenses information I provide on this form, the loan rehabilitation process cannot proceed and I will be required to repay my defaulted loans with payment amounts determined by my loan holder in accordance with the terms of the loan and applicable law.
4. If I do not provide any supporting documentation requested by my loan holder by the deadline specified by my loan holder, my request for loan rehabilitation will not be considered any further.
5. If I have a defaulted Direct Consolidation Loan or Federal Consolidation Loan that was made jointly to me and my spouse, both borrowers must request a reasonable and affordable payment rehabilitation payment determination, and our signatures below serve as that request.
6. If I previously rehabilitated a defaulted loan on or after August 14, 2008, I may not rehabilitate that same loan if I default on that loan again.

I certify that:

1. The information that I have provided on this form is true and correct.
2. Upon request, I will provide additional documentation to my loan holder to support the information I have provided in this form.

I authorize the loan holder to which I submit this request (and its agents or contractors) to contact me regarding my request or my loan(s), including repayment of my loan(s), at the number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Spouse's Signature _____ Date _____

(If you entered spousal identification information in Section 3)

Borrower Signature _____ Date _____

SECTION 5: INSTRUCTIONS

- If you are not completing this form electronically, type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Use only numbers. Example: January 31, 2013 = 01-31-2013. Include your name and account number(s) for your defaulted loan(s) on any documentation that you are required to submit with this form. If you need help completing this form, contact your loan holder(s).
Return the completed form to the address shown in Section 8.
- **Monthly Income in Section 2 (Items 1 – 7).**
Your loan holder(s) may request supporting documentation for any income items:
Employment income documentation may include a pay stub or a letter from the employer stating the income from that employer.
Child support, Social Security benefit, worker’s compensation or public assistance documentation may include copies of benefits checks or a benefits statement, a letter from a court, a governmental body, or the individual paying child support, specifying the amount of the benefit.
 - **Public assistance:** Identify the type of public assistance received (See definition of “public assistance” in Section 6).
 - **Other income:** Include any other income not covered in items 1-6 and identify the source of the income.
- **Monthly Expenses in Section 2 (Items 9-20).**
Your loan holder(s) may request supporting documentation for any of these items. Do not include a single expense in more than one category. If you have no expenses under a category, enter 0 for that category.
 - **Food:** Include the amount spent on food, even if purchased using the Supplemental Nutrition Assistance Program (SNAP) (food stamps).
 - **Housing:** Include the amount spent on housing and shelter, such as rent, required security deposits, and mortgage payments (including principal, interest, taxes, and homeowner’s insurance).
 - **Utilities:** Include the amount spent on housing-related utility bills, such as gas, electric, water, sewer, trash, and recycling.
 - **Basic communication:** Include the amount spent on basic communication expenses, such as basic telephone and internet expenses.
 - **Medical and dental:** Include the amount spent on necessary medical and dental costs, such as medically necessary prescription and nonprescription medication, and medically necessary nutritional supplements. Do not include any costs relating to medical or dental insurance premium payments.
 - **Insurance:** Include the amount spent on insurance, such as necessary renter’s, auto, medical, dental, or life insurance. Include any amounts paid toward insurance premiums, but do not include any amount that is deducted from your paycheck and reflected in the amount of income you listed under Monthly Income. Include homeowner’s insurance under Item 10 (Housing).
 - **Transportation:** Include the amount spent on basic transportation expenses such as gas, car loans, basic vehicle maintenance, and public transportation.
 - **Dependent care:** Include the amount spent on care for children or other dependents in the household and other work-related expenses.
 - **Legally required child support/spousal support** Include the amount spent on legally required child support and spousal support.
 - **Federal student loan payments:** Include the total monthly amount paid on any federal student loan(s), except the defaulted loans you are trying to rehabilitate unless you are subject to mandatory withholding such as wage garnishment or Treasury offset (i.e., your Social Security is being garnished). If you are subject to wage garnishment or Treasury offset include the amount that is collected from you monthly. (Include the amount of any payment, voluntary or otherwise).
 - **Private student loan payments:** Include the total monthly amount paid on any private student loan(s). Include any type of payment, voluntary or otherwise.
 - **Other expenses:** Include the amount spent on any other necessary expenses not covered in items 9 - 19 and explain these expenses. These other expenses will be considered only if the Department of Education determines that they should be considered.

SECTION 6: DEFINITIONS

- The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal PLUS Loans, Federal Consolidation Loans, and Federal Supplemental Loans for Students (SLS).
- The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford (Direct Subsidized) Loans, Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans, Federal Direct PLUS (Direct PLUS) Loans, and Federal Direct Consolidation (Direct Consolidation) Loans.
- **Rehabilitation** of your defaulted loan occurs only after you have made 9 voluntary, reasonable and affordable monthly payments within 20 days of the due date during 10 consecutive months and, for FFEL loans, when the loan has been sold to an eligible lender. When you rehabilitate your loans, you will regain all the benefits of the Direct Loan Program or FFEL Program, including eligibility for deferments or forbearances and eligibility for a repayment plan with a monthly payment amount based on your income. You will also regain eligibility to receive additional Federal student aid, including additional Federal student loans. After a defaulted loan is rehabilitated, your loan holder will instruct any consumer reporting agency to which the default was reported to remove the default from your credit history.
- **Reasonable and affordable payment amount** means a monthly payment that is based either on the 15 percent formula or on information provided in this form and supporting documentation. It cannot be a percentage of your total loan balance or based on information unrelated to your total financial circumstances.
- The **15 percent formula** means fifteen percent of the amount by which your Adjusted Gross Income exceeds 150% of the poverty guideline amount that is applicable to your family size and state, divided by 12. Your minimum payment may not be less than \$5.00.
- The **loan holder** of a defaulted Direct Loan Program loan(s) is the U.S. Department of Education (the Department). The loan holder of a defaulted FFEL Program loan(s) may be a guaranty agency or the Department.
- **Public assistance** means payments you receive under a federal or state program. These assistance programs include, but are not limited to, Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Food Stamps/Supplemental Nutritional Assistance Program (SNAP), or state general public assistance.

SECTION 7: LOAN REHABILITATION AGREEMENT

- To rehabilitate your loan, you must accept either the monthly rehabilitation payment amount determined using the 15 percent formula, or the amount determined based on the monthly income, monthly expenses, and family size information that you provide on this form and on any requested supporting documentation.
- Your loan holder will provide you with a written loan rehabilitation agreement confirming your monthly rehabilitation payment amount.
- To accept the loan rehabilitation agreement, you must sign the agreement and return it to your loan holder.
- During the loan rehabilitation period, the loan holder will limit contact with you on the loan being rehabilitated to collection activities that are required by law or regulation, and to communication that supports the rehabilitation.
- If you do not accept either monthly payment amount, your rehabilitation request will not be considered any further.

SECTION 8: WHERE TO SEND THE COMPLETED FINANCIAL DISCLOSURE FORM

Return the completed form and any required documentation to:

Action Financial Services, LLC
Dba AFCS, LLC in Connecticut, Delaware, Iowa,
Michigan, Texas & Washington
P.O. Box 3250, Central Point, OR 97502
Fax #: 1-844-965-9229
mailadmin@actionfinancial.us.com

If you need help completing this form, call:

If you have any questions, please contact your Action Financial Services Representative at 888-253-4239.

SECTION 9: IMPORTANT NOTICES

Privacy Act Notice. *The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:*

The authorities for collecting the requested information from and about you are §421 *et seq.* and §451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 *et seq.* and 20 U.S.C. 1087a *et seq.*) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) becomes delinquent or defaults. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student

enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

Paperwork Reduction Notice. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.0 hours (60 minutes) per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the information collection. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 682.405 or 685.211. Send comments regarding the burden estimate(s) or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20210-4537 or e-mail ICDocketMgr@ed.gov and reference OMB Control Number 1845-0120. **Note: Please do not return the completed form to this address.**

If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 8).

In addition to the attached FINANCIAL DISCLOSURE FOR REASONABLE AND AFFORDABLE REHABILITATION PAYMENTS, please provide the following supporting documentation.

| Section 1: Income (Include income documents for your spouse if you are married and living together) | |
|--|--|
| Field | Please Include the Following Documentation: |
| 1 Your Employment Income | Signed copy of your Federal 1040 tax return for the most recent tax year (both pages) or a tax transcript form provided by the IRS Copies of your two (2) most recent pay stubs (they must be dated within the past 90 days) If you are self-employed, provide either the most recent 1040 tax return or 1040-ES worksheet. |
| 2 Spouse's Employment Income | |
| 3 Child Support Payments Received | A copy of your divorce decree or support order. If these are not available, or you are not receiving the full amount ordered, provide a written statement explaining how much you are receiving. |
| 4 Social Security Benefits Received | A benefits statement from the Social Security Administration |
| 5 Worker's Compensation | A pay stub and/or benefit letter (no older than 90 days) |
| 6 Public Assistance | A copy of your award letter |
| 7 Other Income | Any documentation showing the source and amount |
| Section 2: Expenses | |
| 9 Food | None required |
| 10 Housing | If you live in the U.S. (including Puerto Rico): None required If you live outside the U.S.: copies of 1. Mortgage statement or rental agreement, home/renters insurance bills, and 2. Utility bills, and 3. Basic communication bills (internet, phone, basic cable) |
| 11 Utilities | |
| 12 Basic Communication | |
| 13 Necessary Medical and Dental | None required if you spend less than \$60/mo per person in your family. If you spend more than that, provide proof of what you actually spend out of pocket on co-payments for prescription drugs, doctor visits, and other medical needs: canceled checks and/or receipts, statements, etc. Providing only a bill showing amount owed is not acceptable. |
| 14 Necessary Insurance | Health insurance: copies of your premium statement or pay stub Life insurance is only allowed if required by court order; provide copies of the premium statement and court order. Do not include auto insurance here (include that in transportation expenses) Do not include homeowners or rental insurance here (include that in housing) |
| 15 Transportation | A written statement indicating the number of cars that you own (no documentation required if you do not own a car) If you live in the outside the U.S.: documents showing car payments, auto insurance, gas/oil, maintenance, and car registration |
| 16 Dependent Care | Receipts from or canceled checks payable to your daycare provider Only include private school tuition if it is court ordered (include a copy of the court order) |
| 17 Required Child Support | Court order (unless it is shown on your pay stub) |
| 18 Federal Student Loan Payments | Current billing statement (less than 90 days old) |
| 19 Private Student Loan Payments | Current billing statement (less than 90 days old) |
| 20 Other Expenses | None required |
| Section 3: Family Size, Adjusted Gross Income, and Spousal Information | |
| 1 Family Size | None required |

Certification of Vehicular Ownership

I, _____, certify that I have _____ vehicles. My total transportation expenses are \$ _____ for my car payments, insurance, gas, maintenance and registration.

Borrower's Account # or SSN: _____

Borrower's Signature: _____

Date: _____

Please complete the following if you are unemployed:

To whom it may concern:

I, _____, certify that I am currently unemployed and

(borrower's name)

I am supported by _____.

(person's *name*)

Borrower's SSN: _____

Borrower's Signature: _____

Date: _____

Please complete the following if you are unemployed and have expenses someone is paying for you:

To whom it may concern:

I, _____, am responsible for the following monthly

(borrower's name)

expenses _____-\$_____, _____-\$_____ ,

(expense)

(amount)

(expense)

(amount)

_____-\$_____ and _____ is currently

(expense)

(amount)

(person's ***name***)

making these monthly payments for me.

Borrower's SSN: _____

Borrower's Signature: _____

Date: _____

Permission to Email

To whom it may concern:

I, _____, give Action Financial Services/AFCS permission to email the following document

_____ to the following email address
_____.

I understand that any documents emailed to this email address, including documents containing Personally Identifiable Information (PII), may be viewed by anyone with access to this email address.

After emailing the above document I do ___/ I don't ___ give Action Financial Services/AFCS permission to email me regarding my account, payment terms, documents needed or anything related to Rehabilitating or Consolidating my student loans.

Borrower's Account # or SSN: _____

Borrower's Signature: _____

Date: _____

Action Financial Services, LLC

Recurring Payment Authorization Form

Sign and complete this form to authorize Action Financial Services, LLC to make a debit from your account listed below.

By signing below, I authorize Action Financial Services, LLC. to charge the account identified below on or after the dates and in the amounts set forth below. AFS may charge my account as early as 12:01 a.m. P.T. on the payment date. In the event any charge is not successful, I authorize AFS to reinitiate the charge up to two times. In the event AFS makes an error in processing a charge, I authorize AFS to initiate a charge to correct the error. If any information I provided to AFS regarding my account or financial institution is missing or erroneous, I authorize AFS to verify and correct such information.

This Authorization will remain in effect until my account is paid in full unless I terminate this authorization by either calling AFS during business hours at (888) 253-4239, or writing AFS at P.O. Box 3250, Central Point, OR 97502, at least three business days before AFS initiates the charge I wish AFS to cancel or in such shorter time that allows AFS to act on my request. **I will contact AFS as soon as possible before my payment date if I will not have enough money in my account to cover my payment so that AFS can attempt to stop the payment and arrange for a different method of payment. I understand my financial institution may impose a fee each time a charge is returned unpaid and AFS is not liable for this fee.**

You will need to keep a copy for your records and fax the completed form to 1-844-965-9229 or scan the form and send a Secure Email to mailadmin@actionfinancial.us.com. By signing below, you acknowledge that you have received, saved, printed or made a copy of this Authorization for your records.

Please complete the information below:

I _____ authorize Action Financial Services to withdraw from the account
(Account Holder Name)

option I selected below in the amount of \$ _____ on the _____ day of each month.
(Amount)

Billing Address associated with this bank account _____

City, State, Zip _____

Borrower Name _____ Borrower Phone # _____

Borrowers Signature _____ Date _____

Signature of Bank Holder if different from the Borrower _____

Should you have any questions, please contact Action Financial Services at 888-253-4239. This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

Action Financial Services, LLC

Recurring Payment Authorization Form

Borrower Account Number or Social Security Number _____

Please fill out one of the following options:

Debit Card

| |
|---|
| Account Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> |
| Cardholder Name _____ |
| Card Number _____ Expiration Date _____ |
| CVV (3-digit number on back of Visa/MasterCard) _____ |

Electronic Check

| |
|---|
| Name as it appears on your account: _____ |
| Routing Number _____ Account Number _____ Check Number _____ |
| Name of the bank the payment will be withdrawn from: _____ |
| Checking or savings: _____ Personal or Business Account: _____ |
| **Please provide the above checking information as it appears on the bottom of your check** |

Action Financial Services, LLC

Recurring Payment Authorization Form

(COPY FOR YOUR RECORDS)

Sign and complete this form to authorize Action Financial Services, LLC to make a debit from your account listed below.

By signing below, I authorize Action Financial Services, LLC. to charge the account identified below on or after the dates and in the amounts set forth below. AFS may charge my account as early as 12:01 a.m. P.T. on the payment date. In the event any charge is not successful, I authorize AFS to reinitiate the charge up to two times. In the event AFS makes an error in processing a charge, I authorize AFS to initiate a charge to correct the error. If any information I provided to AFS regarding my account or financial institution is missing or erroneous, I authorize AFS to verify and correct such information.

This Authorization will remain in effect until my account is paid in full unless I terminate this authorization by either calling AFS during business hours at (888) 253-4239, or writing AFS at P.O. Box 3250, Central Point, OR 97502, at least three business days before AFS initiates the charge I wish AFS to cancel or in such shorter time that allows AFS to act on my request. **I will contact AFS as soon as possible before my payment date if I will not have enough money in my account to cover my payment so that AFS can attempt to stop the payment and arrange for a different method of payment. I understand my financial institution may impose a fee each time a charge is returned unpaid and AFS is not liable for this fee.**

You will need to keep a copy for your records and fax the completed form to 1-844-965-9229 or scan the form and send a Secure Email to mailadmin@actionfinancial.us.com. By signing below, you acknowledge that you have received, saved, printed or made a copy of this Authorization for your records.

Please complete the information below:

I _____ authorize Action Financial Services to withdraw from the account
(Account Holder Name)

option I selected below in the amount of \$ _____ on the _____ day of each month.
(Amount)

Billing Address associated with this bank account _____

City, State, Zip _____

Borrower Name _____ Borrower Phone # _____

Borrowers Signature _____ Date _____

Signature of Bank Holder if different from the Borrower _____

Should you have any questions, please contact Action Financial Services at 888-253-4239. This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

Action Financial Services, LLC
Recurring Payment Authorization Form
(COPY FOR YOUR RECORDS)

Borrower Account Number or Social Security Number _____

Please fill out one of the following options:

Debit Card

| |
|---|
| Account Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> |
| Cardholder Name _____ |
| Card Number _____ Expiration Date _____ |
| CVV (3-digit number on back of Visa/MasterCard) _____ |

Electronic Check

| |
|---|
| Name as it appears on your account: _____ |
| Routing Number _____ Account Number _____ Check Number _____ |
| Name of the bank the payment will be withdrawn from: _____ |
| Checking or savings: _____ Personal or Business Account: _____ |
| **Please provide the above checking information as it appears on the bottom of your check** |

Action Financial Services, LLC

Recurring Payment Authorization Form

IMPORTANT DISCLOSURE REGARDING YOUR RECURRING PAYMENTS TERMS:

Payments: Action Financial Services, LLC (AFS) will credit your payments as of the date they are received. We will send you a monthly payment reminder before the scheduled date of transfer.

Business Days: For purposes of these disclosures, our business days are Monday through Friday. Holidays are not included.

Type of Transfer: We may process your payment as early as 12:01 a.m. Pacific Standard Time on the payment date. In the event any charge is not successful, you authorize us to reinitiate the charge up to two times. In the event we make an error in processing a charge, you authorize us to initiate a charge to correct the error. If any information you provided to us regarding your Card or financial institution is missing or erroneous, you authorize us to verify and correct such information.

Contacting AFS: If you notice any problem regarding your payment(s), including any error or unauthorized payment, if you think your payment reminder is wrong or if you need more information about a transfer listed on the payment reminder, please contact Action Financial Services, LLC at (888) 253-4239 between the hours of 8 a.m. to 5 p.m. Pacific Time, Monday through Friday, at our email address of mailadmin@actionfinancial.us.com, or by mail at (address) PO Box 3250 Central Point, Oregon 97502.

Error Resolution: We must hear from you no later than 60 days after you receive the FIRST statement, receipt or payment reminder on which the problem or error appeared. Please provide us with the following information so that we may address your concerns: (1) Tell us your name and account number; (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information

(3) Tell us the dollar amount of the suspected error. If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days, along with any supporting receipts or statements.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we investigate and determine no error was made, we will send you a written explanation. You may ask for copies of documents that we used in our investigation.

Cancellation of Payments: You have the right to cancel this payment arrangement or stop any payment by contacting us at the phone numbers or address above. However, your request to cancel, stop or change your payment date must be made 3 business days or more before the scheduled date of transfer. If you call in this request, we may also require you to put your request in writing and get it to us within 14 days after you call.

AFS's Liability: If you order us to stop one of these payments 3 business days or more before the transfer is scheduled, and we do not do so, we will be liable for your losses or damages.

Payer's Liability: Cancellation, suspension of your credit card or checking account or insufficient funds to cover your monthly payment can affect your authorized recurring payments and your ability to complete the Student Loan Rehabilitation Program. Notify our office at least 3 business days in advance if you believe you have insufficient funds to cover your payment so that we can attempt to stop the payment and arrange for a different method of payment.

Fees: Your financial institution may impose transaction fees in the normal course of business, or a fee each time a charge is returned unpaid and we are not liable for those fees.

Confidentiality: We will disclose information to third parties about your account or the transfers you make: (i) where it is necessary for completing transfers, or (ii) In order to comply with government agency or court orders, or (iii) If you give us your written permission.

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

Should you have any questions, please feel free to contact your representative at 888-253-4239.