



# LOAN REHABILITATION: INCOME AND EXPENSE INFORMATION

OMB No. 1845-0120  
Form Approved  
Exp. Date 5/31/2020

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

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**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 INFORMATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone - Primary \_\_\_\_\_

Telephone - Alternate \_\_\_\_\_

Email (Optional) \_\_\_\_\_

## SECTION 2: HOUSEHOLD INCOME AND REASONABLE AND NECESSARY MONTHLY EXPENSES

You received this form because you asked to rehabilitate your defaulted loans but objected to the payment amount your loan holder calculated using the 15% formula (see Section 6). After receiving this form, your loan holder will offer an alternative payment amount. The alternative amount may be less or more than the amount calculated using the 15% formula. To begin rehabilitating your defaulted loans, you must choose between the two amounts. To rehabilitate, you must make 9 on-time payments of that amount over a period of 10 consecutive months.

Provide the **monthly** income and expense information listed below. Include documentation of these sources of income or expenses if your loan holder asks you to. Include your spouse's income only if your spouse contributes to your household income. Your loan holder has the authority to determine if the claimed amount of any expense is reasonable and necessary. **Before entering your monthly income and expenses, carefully read the entire form, including Sections 5, 6, and 7.**

### MONTHLY INCOME

1. Your employment income \_\_\_\_\_
2. Spouse's employment income \_\_\_\_\_
3. Child support received \_\_\_\_\_
4. Social Security benefits \_\_\_\_\_
5. Worker's compensation \_\_\_\_\_
6. Public assistance \_\_\_\_\_
- List types \_\_\_\_\_
7. Other income \_\_\_\_\_  
Describe \_\_\_\_\_
8. **Total monthly income (sum of items 1 through 7)** \_\_\_\_\_

9. If your total monthly income is \$0, explain your means of support

### MONTHLY EXPENSES

10. Food \_\_\_\_\_
11. Housing \_\_\_\_\_
12. Utilities \_\_\_\_\_
13. Basic communication \_\_\_\_\_
14. Necessary medical/dental \_\_\_\_\_
15. Necessary insurance \_\_\_\_\_
16. Transportation \_\_\_\_\_  
Number of vehicles \_\_\_\_\_
17. Child/dependent care \_\_\_\_\_
18. Required child/spousal support \_\_\_\_\_
19. Federal student loan payments \_\_\_\_\_
20. Private student loan payments \_\_\_\_\_
21. Other expenses \_\_\_\_\_  
Describe \_\_\_\_\_
22. **Total monthly expenses (sum of items 10 through 21)** \_\_\_\_\_

**SECTION 3: FAMILY SIZE AND SPOUSE IDENTIFICATION**

Your family size includes you, your spouse, and your children (including unborn children who will be born before the end of the current calendar year), if the children will receive more than half of their support from you. Your family size includes other people only if they live with you now, receive more than half of 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.

23. Family size \_\_\_\_\_

24. Are you requesting rehabilitation of a Direct Consolidation Loan or a Federal Consolidation Loan that was made jointly to you and your spouse?

Yes. Enter your spouse's name and SSN:

Spouse's Name \_\_\_\_\_

Spouse's SSN \_\_\_\_\_

No. Continue to Section 4.

**SECTION 4: UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION**

I understand that:

1. I have received this form because I requested the opportunity to rehabilitate my defaulted loans and objected to the reasonable and affordable monthly payment amount calculated using the 15% 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 either the 15% formula payment amount or the payment amount determined by my loan holder based on information from this form, the loan rehabilitation process will not proceed and I will be required to repay my defaulted loans 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.
5. If I want to rehabilitate a defaulted Direct Consolidation Loan or Federal Consolidation Loan that was made jointly to me and my spouse and am requesting an alternative payment amount, my spouse and I must each sign below.
6. If I rehabilitate a loan and default on the same loan again in the future, I may not rehabilitate that loan a second time.
7. I must notify my loan holder immediately if my address changes.
8. If my loan is rehabilitated, my loan will be sold or transferred to a new loan holder or loan servicer. After the sale or transfer, I will be asked to select a repayment plan. If I do not select a repayment plan, my loans will be placed on the standard repayment plan, which will likely require me to make a much higher monthly payment amount than the payment I made to rehabilitate my loan.
9. After my loan is rehabilitated, I may be eligible to repay my loans under an income-driven repayment plan that bases my payment on my income and family size. An income-driven repayment plan is the type of repayment plan most likely to have a monthly payment similar to the payment I made to rehabilitate my loans.
10. I can learn more about the eligibility requirements and application process for income-driven repayment plans by visiting [StudentAid.gov/IDR](http://StudentAid.gov/IDR) or by asking my loan holder.

I certify that (1) the information that I have provided on this form is true and correct and (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 loans, including the repayment of my loans, at any number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated dialing equipment or artificial or prerecorded voice or text messages.

Borrower's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

Your spouse must sign this form only if you entered your spouse's name and SSN in Section 3.

## SECTION 5: INSTRUCTIONS

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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: March 14, 2017 = 03-14-2017. Include your name and the account numbers for your defaulted loans on any documentation that you are required to submit with this form. If you need help completing this form, contact your loan holder.

**Return the completed form to the address shown in Section 8**

### MONTHLY INCOME IN SECTION 2 (ITEMS 1-9)

Your loan holder 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 paid to you by that employer.

**Child support, Social Security benefits, 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.

If you report that your Total Monthly Income is zero, explain your means of support in Item 9.

### MONTHLY EXPENSES IN SECTION 2 (ITEMS 10-22)

For each monthly expense, provide the amount you usually spend each month. Your loan holder 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, mortgage payments (including principal, interest, taxes, and homeowner's insurance), maintenance, and repairs.

**Utilities:** Include the amount spent on housing-related utility bills, such as gas, electric, fuel oil, water, sewer, trash, and recycling.

**Basic communication:** Include the amount spent on basic communication expenses, such as basic telephone, internet, and cable TV.

**Medical and dental:** Include the amount spent on necessary medical and dental expenses and procedures not covered by insurance, such as medically necessary prescription and nonprescription medications, 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. However, if the income amount you listed under Monthly Income already reflects deductions from your pay for insurance premiums, do not list the amount of these deductions as an Insurance expense. Include homeowner's insurance under Item 11 (Housing).

**Transportation:** Include the amount spent on basic transportation expenses such as fuel, car payments, basic vehicle maintenance, public transportation, tolls, and parking. Also list the number of vehicles for which you are claiming related transportation expenses.

**Child/dependent care:** Include the amount spent on care for children or other dependents in the household and other work-related child/dependent care expenses.

**Legally required child /spousal support:** Include the amount spent on legally required child support and spousal support.

**Federal student loan payments:** Include the total monthly amount you pay on any federal student loans except for the defaulted loans you are trying to rehabilitate, unless you are subject to mandatory withholding such as wage garnishment or Treasury offset (e.g., your Social Security is being garnished). If you are subject to wage garnishment or Treasury offset include the amount that is collected from you each month.

**Private student loan payments:** Include the total monthly amount you pay on any private student loans. Include any type of payment, voluntary or otherwise.

**Other expenses:** Include the amount spent on any other necessary expenses not covered in items 10 - 20 and explain these expenses. These other expenses will be considered only if the Department of Education determines that they should be considered. If more space is needed to list other expenses, attach a separate piece of paper and include your name and Social Security Number at the top.

## SECTION 6: DEFINITIONS

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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.

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).

**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 held by a guaranty agency, when the loan has been sold to an eligible lender or assigned to the U.S. Department of Education (the Department). 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 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 (credit bureau) to which the default was reported to remove the default from your credit history.

**Reasonable and affordable payment amount** means a monthly payment determined by the loan holder based either on the 15% 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% formula** means 15% 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 is the Department. The loan holder of a defaulted FFEL Program loan 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

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To rehabilitate your loan, you must accept either the monthly rehabilitation payment amount determined using the 15% formula, or the payment 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

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Return the completed form and any documentation to:

**Action Financial Services, LLC**  
Db a 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](mailto: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 888-253-4229.

## SECTION 9: IMPORTANT NOTICES

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**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 William D. Ford Federal Direct Loan (Direct Loan) Program or the Federal Family Education Loan (FFEL) 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 Direct Loan and/or FFEL Programs, to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. 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 loans, to enforce the terms of the loans, 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. The valid OMB control number for this information collection is 1845-0120. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 682.405 or 685.211. If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 8).



# Documentation Required for Loan Rehabilitation: Income and Expense Information

In addition to the LOAN REHABILITATION: INCOME AND EXPENSE INFORMATION form, please provide the following supporting documentation.

<b>Section 1: Income (Include income documents for your spouse if you are married and living together)</b>	
<b>Field</b>	<b>Please Include the Following Documentation</b>
1 Your Employment Income	Signed copy of your most recent 1040 (both pages), or Federal I tax return transcript <i>for either of the two previous tax years.</i>
2 Spouse's Employment Income	Most recent W2 or 2 pay stubs (neither document can be more than 90 days old)  If you or your spouse is self-employed, provide the most recent signed 1040 or 1040-ES worksheet.
3 Child Support 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	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
8 Total monthly income	None required.
9. If your monthly income is \$0, explain your means of support	If the above field (8) is \$0, explain how or by whom you are being supported and the source(s) of income for the person supporting you.
<b>Section 2: Expenses</b>	
10 Food	None required
11 Housing	If you live in the U.S. (including Puerto Rico): none required If you live <u>outside</u> the U.S., copies of:
12 Utilities	1. Mortgage statement or rental agreement, home/renter's insurance bills, and
13 Basic Communication	2. Utility bills, and 3. Basic communication bills (internet, phone, basic cable)
14 Necessary medical/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.
15 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)
16 Transportation/Number of vehicles	If you live in the U.S. (including Puerto Rico): none required  If you live outside the U.S.: documents showing car payments, auto insurance, gas/oil, maintenance, and car registration.
17 Child/dependent care	Two most recent receipts/canceled checks from your day care provider (dated within past 90 days) Only include private school tuition if it is court ordered (include a copy of the court order).
18 Required child/spousal support	Court order (unless it is shown on your pay stub)
19 Federal Student Loan Payments	Current billing statement (less than 90 days old) for other Federal student loans you owe (do not include the loans for which you are completing this form)
<b>Section 2: Expenses (Continued)</b>	
<b>Field</b>	<b>Please Include the Following Documentation</b>
20 Private Student Loan Payments	Current billing statement (less than 90 days old)
21 Other Expenses	None required
22 Total monthly expenses	None required
<b>Section 3: Family Size, Adjusted Gross Income, and Spousal Information</b>	
23 Family Size	None Required
24 Spouse's Name and SSN	None Required

**If you have income listed on line 7 please complete the following for “Other” income:**

To whom it may concern:

I, \_\_\_\_\_, certify that I earn \$ \_\_\_\_\_

per month in “Other” income. The source of the “Other”

income is (provide statement on how the “Other” income is earned) \_\_\_\_\_

\_\_\_\_\_

Borrower’s SSN: \_\_\_\_\_

Borrower’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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](mailto: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](mailto: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 \_\_\_\_\_

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# 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

### 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.**

# 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 blue or 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>
<b>Step 1: Financial Statement</b> <small>(Complete this step with your Account Specialist)</small>	<b>FIS Statement</b> <small>(Loan Rehabilitation: Income and Expense Information)</small>	<input type="text"/>
<b>Step 2: Check Stubs (2 most recent)</b> <small>(Use Gross Income and make sure copies are clear...include Spouses if married)</small>		<input type="text"/>
<b>Step 3: Identify Adjusted Gross Income (AGI)</b> <small>(Tax Return 1040-physically sign 1040-only include if not sending Check Stubs)</small>		<input type="text"/>
<b>Step 4: Other Income</b> <small>(List on lines 3-7 and send proof of each...such as Award Letter, etc...)</small>	<b>Possible Document Needed</b> <small>(Other Income Certification)</small>	<input type="text"/>
<b>Step 5: If Total Monthly Income equals \$0</b> <small>(List on line 9 and write name of who supports you, relation to you and where they work or how support themselves)</small>		<input type="text"/>
<b>Step 6: Other Financial Obligations</b> <small>(List on lines 10-21 and send proof for anything listed on lines 14,15 and 17-20)</small>		<input type="text"/>
<b>Step 7: Payment Authorization</b> <small>(Fax to 1-844-965-9229 or Secure Email back then call your Account Specialist)</small>	<b>Recurring Authorization Form</b> <small>(5 Pages – fill out and return pages 1 and 2)</small>	<input type="text"/>
<b>Step 8: Send Completed Documents</b> <small>(Send via Fax to 1-844-965-9229 or Secure Email)</small>		<input type="text"/>
<b>Step 9: Secure Payment Arrangements</b> <small>(Complete this step with your Account Specialist)</small>		<input type="text"/>
<b>Step 10: Rehabilitation Agreement Letter</b> <small>(Send via Fax to 1-844-965-9229 or Secure Email back then call your Account Specialist)</small>		<input type="text"/>

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