

# Student Loan Repayment and Enrollment Form



## Employee information:

Employer name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Home address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of hire: \_\_\_\_\_

## Student Loan repayment requested:

Please include detailed support for each loan including a recent invoice with all relevant loan information.

Bank/lender/loan servicer name	Amount requested	Account number

## Bank information:

Street address 1: \_\_\_\_\_

Street address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Employee authorization:

By signing below, I agree to participate in my employer's student loan repayment program and certify that I understand and will comply with the regulations governing such Plan. I understand the eligibility requirements and certify that I am eligible for the program.

Employee Signature: \_\_\_\_\_

## Employer authorization:

Employee is eligible to participate in the student loan repayment program: Yes No

Eligible amount: \_\_\_\_\_ Employer approval: \_\_\_\_\_ Date: \_\_\_\_\_