



PAYMENT FORM

Students, you asked for it and now it is here! You can set up recurring payments. Please note, you must include a \$0.75 fee.

Name(s) _____	Student ID (if applicable): _____
Address _____	
City _____	State _____ Zip Code _____
Telephone _____	Email _____

I would like to make a **Student Payment** of: \$_____ (Please note, you must include a \$0.75 fee for all student payments)

To be processed: _____ Monthly _____ Quarterly _____ Semi-Annual _____ Annually _____ One-Time

Please choose which day of the month you'd like your payment to be processed:

_____ 1st _____ 5th _____ 10th _____ 20th _____ 25th

Start Date: ____/____/____ (mm/dd/yyyy)

Enclosed is a voided check for my payment. Please transfer my payment from my checking/savings account. I understand my future payments will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my payment any time through the online form at www.rotarylinc.org or by contacting Lincoln County Rotary Student Loan Fund, Inc. by phone or mail. All payments provided to Lincoln County Rotary Student Loan Fund, Inc. comply with U.S. Law.

Signature _____ **Date** _____
(Required)

KEEP THIS PORTION FOR YOUR RECORDS

For your convenience, record your Student Payment Amount: \$_____

To be processed: _____ Monthly _____ Quarterly _____ Semi-Annual _____ Annually _____ One-Time

Please choose which day of the month you'd like your payment processed:

_____ 1st _____ 5th _____ 10th _____ 20th _____ 25th

Start Date: ____/____/____ (mm/dd/yyyy)

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Lincoln County Rotary Student Loan Fund, Inc.
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