



## REQUEST FOR PAYROLL DEDUCTION

- For Employees of the State of Alaska -

- Initial Request       Modification of Existing Request

To enroll in the Alaska Education Loan payroll deduction payment program you must complete this form and return it to the address above. The date of your first deduction will depend on when your request form is received and in which payroll period(s) you request the deductions(s) to be made. Deductions can be from either payroll or from each payroll in equal amounts.

If the account(s) is past due when payroll deduction begins, and the deduction amount authorized does not immediately pay the entire past due amount in full, normal collection activity will continue until the delinquency is resolved.

Once in place, payroll deductions automatically continue until you either:

- ✓ Pay the outstanding account balance;
- ✓ Submit a written request to ACPE to discontinue the deduction; or
- ✓ Separate from State employment and notify ACPE that deduction should cease. **Failure to notify us of separation from State employment may result in continuation of automatic payroll deduction in the event of future State employment.**

*NOTE: A request for modification of an established payroll deduction may require you to make a payment during the transition.*

If you have any questions, please do not hesitate to contact us at the numbers listed above.

### Loan Account(s) To Be Credited

Payments will be proportionally applied to all loans indicated.

Name _____	SSN _____ - _____ - _____	Amount _____
Name _____	SSN _____ - _____ - _____	Amount _____
Name _____	SSN _____ - _____ - _____	Amount _____
Name _____	SSN _____ - _____ - _____	Amount _____

TOTAL MONTHLY PAYROLL DEDUCTION \$ \_\_\_\_\_

Are you a cosigner? (Yes)  Cosigner SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

When should deduction be taken:  mid-month     month-end     both; ½ mid-month and ½ month end

Month deduction to start: \_\_\_\_\_ (To avoid delinquency, start the deduction the month before the payment is due. For example, for a payment due October 1, a deduction must be made from a September payroll period.)

### State Employee Information – Please print or type -

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

### ACPE Processing ONLY – Do not write in shaded area –

AKPAY: Effective date \_\_\_\_\_ Process date \_\_\_\_\_ Letter date \_\_\_\_\_

Note:  High \_\_\_\_\_ Monthly Update  HELMS \_\_\_\_\_