



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 is received and in which payroll period(s) you request the deductions(s) to be made. Deductions can be made from either payroll period or from each payroll period in equal amounts.

If the account 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.

STATE EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ Social Security Number: _____

Mailing Address (P.O. Box or Street): _____ City: _____ State: _____ Zip: _____

Home Telephone Number: () - _____ Work Telephone Number: () - _____

Email Address: _____

LOAN ACCOUNTS TO BE CREDITED

Payments will be proportionally applied to all loans indicated below.

Name:	Social Security Number:	Amount: \$
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Total Monthly Payroll Deduction \$

When should deduction be taken: Mid-month Month-end Both; ½ mid-month and ½ month end

Month the deduction should start: **Note:** 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.

Signature (In Ink): _____ Date: _____

ACPE PROCESSING ONLY – Do not write in shaded area -

AKPAY: Effective Date	Process Date	Letter Date
Note: High	HELMS	