Nelnet Business Solutions Change of Status Form

Revised 04/08

PO Box 67067 • Lincoln, NE 68506 • Phone 866.315.1263 • Fax 888.782.8019

Date ____/____/____ NBS ID # _____

Agreement # _____ Responsible Party Name _____

Student ID _____ Student Name _____

Changing the Responsible Party requires completing a new agreement. Contact an Account Manager for further information.

❒ TERMINATE AGREEMENT PERMANENTLY

❒ HOLD PAYMENTS TEMPORARILY
(Does not apply to incurred returned payment fees)

❒ REINSTATE FOR PAYMENT ON ____/____/____
Month Day Year

❒ INCREASE BALANCE BY + $ _____ →

❒ DECREASE BALANCE BY − $ _____ →

❒ ADJUST MONTHLY PAYMENT → New Payment Amt $ _____

(Check only ONE): ❒ NEXT Payment ONLY
❒ ALL FUTURE Payments

Beginning Date ____/____/____

❒ CHANGE PAYMENT DATE → ❒ 5th OR ❒ 20th Next Payment Date ____/____/____

IMPORTANT

Please identify the reason for the increase/decrease
(Check only ONE):

❒ Make up for a returned payment PREVIOUSLY ATTEMPTED BY NBS (Date payment attempted ____/____/____)

❒ Unresolved Balance

❒ Financial Aid

❒ Other _____

For security purposes, you must call NBS to change the BANK ACCOUNT or CREDIT CARD information.
BANK ACCOUNT and CREDIT CARD changes can only be made over the phone. Contact an Account Manager for further information.

CHANGE THE FOLLOWING INFORMATION *(Check all that apply and provide the new information in the space below)*

❒ Student Name/ID _____ ❒ E-mail Address _____

❒ Address _____ ❒ Payer Access Code _____

❒ Daytime Phone Number _____ ❒ Additional Authorized Party _____

❒ Evening Phone Number _____ ❒ Other _____

NOTES/SPECIAL INSTRUCTIONS _____

Responsible Party Signature _____ Authorized School Signature _____

Please be certain the Responsible Party receives a copy of this change.

For NBS Use Only

Date received ____/____/____ Batch # _____

Is this a confirmation? ❒ YES