## PAYMENT TRANSMITTAL - COLLECTION AGENCY PAYMENTS Campus Partners Post Office Box 2902 Winston-Salem, NC 27102 Institution Name Program No. Transmittal No. Date ☐ Check(s) Attached Regular Check(s) Not Attached Tax Offset Office Use Only Pmt. SRC Type Name Program No. Loan No. Tran Date Payment Amount Coll. Fees Other Cost Coll. Fees Paid by Bor. Oth. Cost Paid by Bor. Coll. Agcy.No. Seq. No. Coll. Fees Other Cost Name Program No. Loan No. Tran Date Payment Amount 2 Coll. Fees Paid by Bor. Oth. Cost Paid by Bor. Coll. Agcy.No. Program No. Loan No. Seq. No. Tran Date Payment Amount Coll. Fees Other Cost Name 3 Coll. Fees Paid by Bor. Oth. Cost Paid by Bor. Coll. Agcy.No. Seq. No. Coll. Fees Other Cost Name Program No. Loan No. Tran Date Payment Amount Coll. Fees Paid by Bor. Oth. Cost Paid by Bor. Coll. Agcy.No. Payment Amount Coll. Fees Other Cost Program No. Loan No. Tran Date Name Coll. Fees Paid by Bor. Coll. Agcy.No. Oth. Cost Paid by Bor. Program No. Seq. No. Payment Amount Coll. Fees Other Cost Name Loan No. Tran Date Coll. Fees Paid by Bor. Oth. Cost Paid by Bor. Coll. Agcy.No. Coll. Fees Other Cost Program No. Loan No. Seq. No. Tran Date Payment Amount Name

Payment Amount – Total amount of payment.

Collection Fees – Total amount of collection fees and other costs charged for payment. Other Cost – Total amount of institutional and other misc. costs charged for payment.

Check Total

Payment Amount Total , Coll. Fees Total

Coll. Fees Paid by Bor.

Oth. Cost Total

Coll. Agcy.No.

Oth. Cost Paid by

Bor. Total

Oth. Cost Paid by Bor.

Coll Fees Paid by

Bor. Total

DEFINITIONS

Your Name

Phone