



HESC Lender Profile

Please complete the appropriate sections and submit to HESC at DefaultFee@hesc.org

Lender Information

Lender Code:	_____		
Lender Name:	_____		
Address:	_____ _____		
City:	_____		
State:	_____	Zip Code:	_____-_____
Telephone:	(____)_____	Extension:	_____
Fax:	(____)_____		

General Contact Information

President: _____ Phone: (____)_____

Who is the primary contact for loan processing issues or questions?

Loans Processing: _____ Phone: (____)_____

E-Mail Address: _____

Who is the primary contact for Federal Default Fee billing/reconciliation questions?

Federal Default Fee: _____ Phone: (____)_____

E-Mail Address: _____

Who is the primary contact for Disbursement/Cancellation questions?

Disbursement/Cancellation: _____ Phone: (_____)_____

E-Mail Address: _____

Who should receive bulletins and updates?

1. Name: _____ Phone: (_____)_____

E-Mail Address: _____

2. Name: _____ Phone: (_____)_____

E-Mail Address: _____

3. Name: _____ Phone: (_____)_____

E-Mail Address: _____

Servicer Information

Will the Federal Default Fee be billed to a servicer? Yes _____ No _____

If yes, please provide the servicer information below:

Servicer Code:	_____
Servicer Name:	_____
Address:	_____ _____
City:	_____ State: _____ Zip: _____
Servicer Contact:	_____
Servicer Contact Phone:	(_____)_____

Servicer Code:	_____
Servicer Name:	_____
Address:	_____ _____
City:	_____ State: _____ Zip: _____
Servicer Contact:	_____
Servicer Contact Phone:	(_____) _____

Billing File Creation

The Federal Default Fee is a CAM file (Record Types 21, 22 and 95) that is also available as a spreadsheet. Indicate which format you wish to receive and the method of file transfer (FTP or Web File Transfer)

_____ CAM	_____ FTP	_____ Web File Transfer
_____ Spreadsheet	_____ FTP	_____ Web File Transfer

Disbursement/Cancellation Information

Indicate the method by which your organization submits (or will submit) disbursement and cancellation transactions (for those disbursed outside the HESC EFT/EFR process):

_____ CAM 9/10	Frequency of submission: _____
_____ HESC Proprietary ASM 340	Frequency of submission: _____

Federal Default Fee Rebates

Are you offering **default fee** rebates for all schools in New York State? Yes _____ No _____

If yes, please complete the following information:

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

Are you offering **default fee** rebates for Individual Schools? Yes _____ No _____

If yes, please complete the following information:

School Code: _____ School Name: _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

School Code: _____ School Name: _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

School Code: _____ School Name: _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

School Code: _____ School Name: _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

Are you offering **default fee** rebates for residents of certain states? Yes _____ No _____
If yes, please complete the following information:

State(s): _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

State(s): _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

State(s): _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

State(s): _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

Origination Fee Rebates

Are you offering **origination fee** rebates for all schools in New York State? Yes _____ No _____

If yes, please complete the following information:

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

Are you offering **origination fee** rebates for Individual Schools? Yes _____ No _____

If yes, please complete the following information:

School Code: _____ School Name: _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

School Code: _____ School Name: _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

School Code: _____ School Name: _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

School Code: _____ School Name: _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

Are you offering **origination fee** rebates for residents of certain states? Yes _____ No _____
If yes, please complete the following information:

State(s): _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

State(s): _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

State(s): _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____

State(s): _____

Loan Program Type(s): _____ Stafford _____ PLUS _____

Rebate Percentage: _____%

Trigger: Guarantee Date: ____/____/____ First Disbursement Date: ____/____/____