Nelnet Bank 13907 S. Minuteman Dr. Ste. 250 Draper, UT 84020

Account Number: ___

Date: __



Monday through Friday 7:00 am - 8:00 pm CTA 833.325.0492 nelnetbank.com

Customer Name:			
Address:			
City, State, Zip:			
Email:			
Phone Number:			
Action Needed: Complete the end Information to and authorize acco	_	Attorney Form to grant permission to Nelnet Bank to re signated representative.	lease
loans as easy as possible, so we	provide the option for yo	ng while serving our country. We want to make managir ou to designate a third party to manage your account or nation, we must receive your written permission to do s	n your
Please complete the form below your customer portal, or mail to:	and return it to Nelnet B	Bank via fax (866.258.9233), email (loans@nelnetbank.co	om)
Nelnet Bank P.O. Box 82552 Lincoln, NE 68501-2552			
	Military Power	of Attorney Form	
I authorize Nelnet Bank to release	e information related to	my account to:	
Full Name:	Relationship:	Phone:	
I understand that by designating	another party to act on r	my behalf, they will have the ability to:	
Receive any Information regard	arding my account	Make demographic changes	
 Make payments 		 Adjust my repayment plan 	
Apply for a deferment of for	bearance	 Receive emailed and mailed correspondence (detail below) 	
Email Address:		Mailing Address:	
account at any phone numb	er associated with me, i	tives and related companies to contact me about my ncluding cellular and wireless phones, and to contact rarded messages, text messages or email.	me
Borrower Signature:			

Thank You, Nelnet Bank

