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 enclosed Military Power of Information to and authorize account changes by your de	Attorney Form to grant permission to Nelnet Bank to release esignated representative.
loans as easy as possible, so we provide the option for ye	ing while serving our country. We want to make managing your ou to designate a third party to manage your account on your mation, we must receive your written permission to do so.
Please complete the form below and return it to Nelnet your customer portal, or mail to:	Bank via fax (866.258.9233), email (loans@nelnetbank.com)
Nelnet Bank P.O. Box 82552 Lincoln, NE 68501-2552	
Military Powe	er of Attorney Form
I authorize Nelnet Bank to release information related to my account to:	
Full Name: Relationship:	Phone:
I understand that by designating another party to act on	my behalf, they will have the ability to:
 Receive any Information regarding my account Make payments Apply for a deferment of forbearance 	 Make demographic changes Adjust my repayment plan Receive emailed and mailed correspondence (detail below)
Email Address:	
	_ Mailing Address:
	atives and related companies to contact me about my including cellular and wireless phones, and to contact me

Thank You, Nelnet Bank

