



Supplemental Decrease Claim Payment Remittance Detail

ORIG CLAIM TYPE			
<input type="checkbox"/> DF Default	<input type="checkbox"/> DB Chapter 7	<input type="checkbox"/> DE Death	<input type="checkbox"/> DI Disability
<input type="checkbox"/> BC Chapter 13		<input type="checkbox"/> Other	
OAN TYPE			
<input type="checkbox"/> Stafford	<input type="checkbox"/> Nonsubsidized	<input type="checkbox"/> PLUS	<input type="checkbox"/> SLS
<input type="checkbox"/> Grad PLUS		<input type="checkbox"/> Consolidation	
BORROWER LAST NAME	FI	MI	SSN
ORIGINAL CLAIM PAYMENT DATE	ORIGINAL CLAIM PRINCIPAL PAID AMT	ORIGINAL CLAIM INTEREST PAID AMT	LENDER NO.

Decrease Due To:

- Incorrect Financials filed
- Borrower Payments
Date Received _____
- Interest Recalculation
- Penalty Increase/Addition
- Other Account Adjustments
(Must Utilize Comments Section Below)

Payment Remittance Amount:

Principal _____

Interest _____

Total

Comments:

SERVICER ID	SERVICER NAME
PREPARED BY	DATE