

Automatic Funds Transfer Authorization Form



Use this form to establish a recurring automatic fund transfer or to change banking information. Please allow up to 30 business days to initiate this request. For assistance, please call (800) 448-2424 or email general@collegeinvest.org. Return the completed form to: CollegeInvest, 1600 Broadway, Suite 2300, Denver, CO 80202

Please circle: New Contribution Change existing Contribution

Account Owner's Name		Account Number	
Address	City	State	Zip Code
Primary Phone Number			
Name of Financial Institution		Type of account: Checking or Savings (Circle one)	
Bank Routing Number _____ Account Number _____			

Dollar Amount of Contribution

You can schedule recurring automatic contributions on a weekly, bi-weekly, bi-monthly or monthly basis

Begin recurring contributions on *(date)*

Weekly Every Monday Tuesday Wednesday Thursday Friday

Bi-Weekly Every Other Monday Tuesday Wednesday Thursday Friday

Twice a Month On the and the of each month

Monthly On the of each month

With my signature below I authorize the CollegeInvest Stable Value Plus Plan to secure payment of amounts invested by me, by initiating debit entries to my account at the bank named above. I authorize the bank to accept any such debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I certify that I have authority to transact on the bank account identified by me. I certify that the ACH transactions will not involve a bank or other financial services company, including any branch or office, located outside the territorial jurisdiction of the United States. I further agree that the CollegeInvest Stable Value Plus Plan will not incur any loss, liability, cost, or expense for acting upon my request. I understand that this authorization may be terminated by me at any time and will be effective as soon as the CollegeInvest Stable Value Plus Plan has had a reasonable amount of time to act upon it.

I certify that the information provided is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations. I certify that I have authority to transact on the bank account identified by me.

Account Owner's Signature	Date
---------------------------	------