

## Automatic Funds Transfer Authorization Form

Use this form to establish a reoccurring automatic fund transfer (AFT) or to change banking information from your checking or savings account. You may select to have your account debited on the 14<sup>th</sup> or the 28<sup>th</sup> of each month. It takes approximately 30 business days to initiate and AFT.

For assistance please call 800.478.5651 or email [general@collegeinvest.org](mailto:general@collegeinvest.org).

(Please Print)

Account Owner's Name		SVP Account Number	
Address	City	State	Zip Code
Daytime Phone Number		Evening Phone Number	
Email Address			

Name of Financial Institution	
Type of Account (Check One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Account Number:

Amount of Transfer
Date(s) of Transfer each Month (Check One or Both) <input type="checkbox"/> 14 <sup>th</sup> of each month <input type="checkbox"/> 28 <sup>th</sup> of each month
Start Date Month/Year:

**STAPLE A VOIDED CHECK HERE**

Deposit Slips Will Not Be Accepted

Account Owner's Signature	Date
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Return the completed form and voided check to: CollegeInvest 1560 Broadway, Suite 1700 Denver, CO 80202