

Add Change Terminate

CollegeChoice CD 529 Savings Plan Direct Deposit Authorization & Change Form



- Use this form to initiate, change or terminate a direct deposit plan (ACH Plan).
- Allow three (3) business days from receipt of form for processing.
- A voided check must be returned with this form.

Forms can be downloaded from our website at www.collegechoicecd.com, or you can call us to order any form—or request assistance in completing this form—at **1.888.913.2885**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern time.

Make checks and electronic transfers payable to: **CollegeChoice CD, CSB as Manager**
 Mail or Fax this form and any other required documents to:
 • **Mail - College Savings Bank, 2515 McKinney Ave, Suite 1100, Dallas, TX 75201**
 • **Fax - 214.481.1289 ATTN: Operations**

1. Financial Institution Information

Financial Institution		City	State
Account Owner First Name		MI	Last Name
Account Number		ABA Routing Number	Start Date

Checking
 Savings

2. Account Information (please complete one (1) form per Beneficiary)

Account Owner or Custodian First Name	MI	Last Name
Beneficiary's First Name	MI	Last Name

3. Account(s) to Fund

Apply towards an EXISTING CD or Savings Account. Minimum of \$25.

<input type="checkbox"/> 1-Year Fixed Rate CD	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 25px;">Account Number</td> <td style="width: 30%; height: 25px;">\$ Amount</td> </tr> </table>	Account Number	\$ Amount
Account Number	\$ Amount		
<input type="checkbox"/> 2-Year Fixed Rate CD	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 25px;">Account Number</td> <td style="width: 30%; height: 25px;">\$ Amount</td> </tr> </table>	Account Number	\$ Amount
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