

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 (1st or 20th only)

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 the purchase of a NEW CD or Savings Account. NEW Accounts require a minimum of \$250. The Bank Plan will assign New Account Number(s). *If a Savings Account exists, the deposit will be applied to the existing Savings Account.*
- Apply towards an EXISTING CD or Savings Account. Minimum of \$25.

<input type="checkbox"/> 1-Year Fixed Rate CD	Account Number	\$ Amount
<input type="checkbox"/> 2-Year Fixed Rate CD	Account Number	\$ Amount
<input type="checkbox"/> 3-Year Fixed Rate CD	Account Number	\$ Amount
<input type="checkbox"/> CollegeSure® Honors Savings Account	Account Number	\$ Amount

4. Signature

I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations. I authorize CollegeChoice CD 529 Savings Plan (CollegeChoice CD), upon written, telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me by initiating credit or debit entries to my account at the bank named in this form. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of Automated Clearing House (ACH) transactions involving my Account must comply with U.S. law. I further agree that the Trust, CollegeChoice CD, and the Plan Officials (as defined in the CollegeChoice CD Disclosure Statement) will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying CollegeChoice CD and the bank in writing, and that the termination request will be effective as soon as CollegeChoice CD and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in this form.

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Signature

Date (MM/DD/YYYY)

Primary Account Owner/Custodian

Other: _____