



Florida College Investment Plan Automatic Contribution Form

Customer Information:

Name of Account Owner or Authorized Representative
of Business/Organization/Trust

Daytime Telephone Number

Account Number

Name of Beneficiary (Student)

You may use this form to authorize automatic contributions from your bank account. The owner of the bank account must sign this form. The Florida Prepaid College Board does not charge a fee for this service; however, a \$20 fee will be assessed each time an automatic contribution is denied due to insufficient funds. Please check the availability and/or fees charged by your bank for this service. The Florida Prepaid College Board reserves the right to cancel your automatic contributions at any time. The account owner may cancel this authorization in writing with 30 days advance notice. Refer to the *Disclosure Statement* and consult your tax advisor for more information. Return this form to:

**Florida College Investment Plan
P.O. Box 6567 • Tallahassee, FL 32314-6567**

The account owner of the Florida College Investment Plan will be notified in writing when the automatic contributions are scheduled to begin. For information or assistance, please call 1-800-552-GRAD (4723).

1. FREQUENCY OF CONTRIBUTION

Indicate how often you want the automatic contribution to be withdrawn from your bank account.

Select **ONE**: _____ 1st of each month _____ 15th of each month _____ 1st and 15th of each month

2. AMOUNT OF CONTRIBUTION

Provide the dollar amount of the automatic contribution to be withdrawn from your bank account **EACH MONTH**:

\$ _____ (**\$25 MINIMUM EACH MONTH**)

3. BANK INFORMATION

Provide the type of bank account: _____ Checking Account _____ Savings Account

IMPORTANT! Attach a voided check or pre-printed deposit slip here for the bank account from which the automatic contribution is to be withdrawn.

4. BANK ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

The person authorizing the automatic contribution does not have to be the account owner of the Florida College Investment Plan. However, the account owner of the Florida College Investment Plan has sole authority to change, cancel or make withdrawals from the account, even if someone else has made contributions to the account.

I hereby authorize the Florida Prepaid College Board to initiate withdrawal entries for the automatic contribution requested above, and to initiate, if necessary, credit entries and adjustments for any withdrawal entries in error to my account at my financial institution. This authority is to remain in full force and effect until the account reaches the maximum account balance, or until the Florida Prepaid College Board has received notification from me of its termination in such time and such manner as to afford the Florida Prepaid College Board and the financial institution a reasonable opportunity to act on it. In the event of unsuccessful withdrawals, I understand the Florida Prepaid College Board reserves the right to cancel this authorization and will notify the account owner of the Florida College Investment Plan in writing of such action.

NAME of Person on Bank Account

SIGNATURE of Person on Bank Account

DATE