Florida Prepaid College Plan
Automatic Withdrawal Form

Customer Information:

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

_____ — _____ — _____
Daytime Telephone Number

__ __ __ __ __ __ __ __ __ __
Account Number

_____
Name of Beneficiary (Student)

Note: Automatic withdrawal is not available for the Lump-Sum Payment Option.
If you have selected the Lump-Sum Payment Option, please do not use this form

Make it easy by having payments for the Florida Prepaid College Plan automatically withdrawn from a checking or savings account. The request will be processed only if this authorization is signed by a bank representative or a voided check from the account from which payments should be withdrawn is attached. The person authorizing automatic withdrawals does not have to be the owner of the prepaid plan; however, the owner of the prepaid plan has sole authority to make changes or cancel the plan. Refunds are issued only in the name of the owner of the prepaid plan, even if someone other than the owner is making the actual payments.

The owner of the prepaid plan will be notified in writing when the automatic withdrawals are scheduled to begin. Please make payments by coupon until notified otherwise.

Tuition Plan #: _____ Dormitory Plan #: _____

Local Fee Plan #: _____ Tuition Differential Fee Plan #: _____

I hereby authorize the Florida Prepaid College Plan to initiate withdrawal entries for the monthly payments on the 20th of each month for the account(s) listed above, and to initiate, if necessary, credit entries and adjustments for any withdrawal entries in error to my account at my financial institution named below. I understand, a record of these payments will appear on my bank statement. This authority is to remain in full force and effect until the account is paid in full, or until the Florida Prepaid College Plan has received notification of its termination in such time and such manner as to afford the plan and the financial institution a reasonable opportunity to act on it. In the event of unsuccessful withdrawals, I understand the Florida Prepaid College Plan reserves the right to cancel this authorization and will notify the owner of the prepaid plan in writing of such action.

_____ _____ _____
Name of Person on Bank Account | Signature of Person on Bank Account | Date

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ATTACH A VOIDED CHECK OR THIS SECTION MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION

_____ _____ _____ _____
Financial Institution | City | State | Zip

Transit Routing Number ☐☐☐☐☐☐☐☐☐

Checking ☐ Savings ☐

Financial Institution Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Representative's Signature: _____ Date: _____

Title: _____ Bank Phone Number: _____

- Return this *original* form to: Florida Prepaid College Plan, P.O. Box 6567, Tallahassee, FL 32314-6567.