

# Florida 529 Savings 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 financial institution account. The owner of the financial institution 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 financial institution 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 *Program Description and Participation Agreement* and consult your tax advisor for more information. Return this form to:

**Florida 529 Savings Plan  
PO Box 6567 • Tallahassee, FL 32314-6567**

The account owner of the Florida 529 Savings 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) and *press prompt 3*.

### 1. FREQUENCY OF CONTRIBUTION

Indicate how often you want the automatic contribution to be withdrawn from your financial institution account.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Provide the dollar amount of the automatic contribution to be withdrawn from your financial institution account **EACH MONTH**:

\$ \_\_\_\_\_ (\$25 MINIMUM EACH MONTH)

### 3. FINANCIAL INSTITUTION INFORMATION

Provide the type of financial institution account: \_\_\_\_\_ Checking Account      \_\_\_\_\_ Savings Account

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or pre-printed deposit slip here for the financial institution account from which the automatic contribution is to be withdrawn.**

### 4. FINANCIAL INSTITUTION ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

The person authorizing automatic withdrawals does not have to be the account owner of the Florida 529 Savings Plan; however, the account owner of the Florida 529 Savings Plan retains his/her authority to make changes, receive withdrawals, or cancel the account, as described in the *Program Description and Participation Agreement*. For more information, see the *Program Description and Participation Agreement* at [www.myfloridaprepaid.com](http://www.myfloridaprepaid.com).

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 529 Savings Plan in writing of such action.

\_\_\_\_\_  
NAME of Person on  
Financial Institution Account

\_\_\_\_\_  
SIGNATURE of Person  
on Financial Institution Account

\_\_\_\_\_  
DATE