

**Automatic Funds Transfer Authorization Form**

Use this form to establish a recurring automatic fund transfer or to change banking information. Please allow up to 30 business days to initiate this request. For assistance, please call (800) 448-2424 or email [general@collegeinvest.org](mailto:general@collegeinvest.org). Return the completed form to: CollegeInvest, 1600 Broadway, Suite 2300, Denver, CO 80202

**Please circle:****New Contribution****Change existing Contribution**

Account Owner's Name		Account Number	
Address		City	State Zip Code
Primary Phone Number			
Name of Financial Institution		Type of account:	Checking or Savings
Bank Routing Number _____		Account Number _____	
Dollar Amount of Contribution <input type="text"/> You can schedule recurring automatic contributions on a weekly, bi-weekly, bi-monthly or monthly basis			
Begin recurring contributions on (date) <input type="text"/> <u>Weekly</u> Every <input type="radio"/> Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday			
<u>Bi-Weekly</u> Every Other <input type="radio"/> Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday			
<u>Twice a Month</u> On the <input type="text"/> and the <input type="text"/> of each month			
<u>Monthly</u> On the <input type="text"/> of each month			
With my signature below I authorize the CollegeInvest Stable Value Plus Plan to secure payment of amounts invested by me, by initiating debit entries to my account at the bank named above. I authorize the bank to accept any such debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I certify that I have authority to transact on the bank account identified by me. I certify that the ACH transactions will not involve a bank or other financial services company, including any branch or office, located outside the territorial jurisdiction of the United States. I further agree that the CollegeInvest Stable Value Plus Plan will not incur any loss, liability, cost, or expense for acting upon my request. I understand that this authorization may be terminated by me at any time and will be effective as soon as the CollegeInvest Stable Value Plus Plan has had a reasonable amount of time to act upon it.			

I certify that the information provided is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations. I certify that I have authority to transact on the bank account identified by me.

Account Owner's Signature	Date
---------------------------	------