



Add Change Terminate

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.collegesavings.com/arizona, or you can call us to order any form—or request assistance in completing this form—at **1.800.888.2723**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern time.

Make checks and electronic transfers payable to: **AFCSP, CSB as Manager**

Return this form and any other required documents to: AFCSP c/o College Savings Bank PO Box 3769 Princeton, NJ 08543	For overnight or registered mail, send to: AFCSP c/o College Savings Bank 5 Vaughn Drive, Suite 100 Princeton, NJ 08540
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1. Financial Institution Information

Financial Institution		City	State
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
	MI		
Account Owner First Name		Last Name	
Account Number		ABA Routing Number	Start Date (1st or 20th only)

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

<input type="checkbox"/> CollegeSure® CD		\$
	Account Number	Amount (minimum \$25)
<input type="checkbox"/> InvestorSure® CD		\$
	Account Number	Amount (minimum \$25)
<input type="checkbox"/> 1-Year Fixed Rate CD		\$
	Account Number	Amount (minimum \$25)
<input type="checkbox"/> 3-Year Fixed Rate CD		\$
	Account Number	Amount (minimum \$25)

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 Arizona Family College Savings Program (AFCSP), upon written 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, AFCSP, and the Plan Officials (as defined in the AFCSP 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 AFCSP and the bank in writing, and that the termination request will be effective as soon as AFCSP 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.

Signature of Account Owner or Custodian	Date

Signature of Joint Account Owner	Date