



Florida Prepaid College Plan Automatic Withdrawal Form

Customer Information:

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

Daytime Telephone Number

Plan Number

Name of Beneficiary (Student)

Make it easy by having payment for the Florida Prepaid College Plan automatically withdrawn from a checking or savings account. Read all information on this form carefully before submitting your request.

Note: If you have chosen the Lump Sum payment option, recurring automatic withdrawals are not available. We accept one-time automatic withdrawal payments on the Florida Prepaid College Plan website and via our automated telephone system. Please visit www.myfloridaprepaid.com/Your_Account for instructions to pay online or call 1-800-552-GRAD (4723) for our automated telephone system.

The request will be processed only if a voided check or pre-printed deposit slip for the account from which payments should be withdrawn is attached.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 retains his/her authority to make changes or cancel the plan, as described in the Master Covenant. Refunds are issued only in the names of the owner of the prepaid plan, even if someone other than the owner is making the actual payments. For more information, see the Master Covenant at www.myfloridaprepaid.com.

The owner of the prepaid account will be notified in writing when the automatic withdrawals are scheduled to begin. Please continue your current payment method until you have been notified otherwise.

Please list all Florida Prepaid College Plan account numbers that are being authorized for automatic withdrawal at this time.

Please mark the type of account that is being authorized for automatic withdrawal:

_____ **Checking Account**

_____ **Savings Account**

IMPORTANT! Attach a voided check or pre-printed deposit slip for the account from which the payment is to be withdrawn. If you are submitting a deposit slip, we encourage you to verify with your financial institution that the routing number shown is valid for automatic withdrawals. If it is not correct, please write the correct routing number on the deposit slip.

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 from me 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 account in writing of such action.

Name of Person on Bank Account

Signature of Person on Bank Account

Date

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