

INSTRUCTIONS

Use this form to authorize or change automatic payments or contributions to your Virginia529 account from your checking or savings account. **You may also establish or change your automated payments at Virginia529.com.**

1	Account Owner Information	Office Use Only		
<p>_____</p> <p>Account Owner Name _____ Daytime Phone Number</p>				
2	Account Information- Indicate your Prepaid529 and/or Invest529 account numbers and the frequency of your automatic debit.			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>_____</p> <p style="text-align: center;">Prepaid529 Account Number</p> <p>_____</p> <p style="text-align: center;">Amount of Payment</p> <p>Debit will occur on the 1st of every month for Prepaid529 Accounts</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>_____</p> <p style="text-align: center;">Invest529 Account Number</p> <p>_____</p> <p style="text-align: center;">Amount of Contribution</p> <p>Frequency of Debit (select one or both)</p> <p><input type="checkbox"/> 1st of each month <input type="checkbox"/> 16th of each month</p> </td> </tr> </table>		<p>_____</p> <p style="text-align: center;">Prepaid529 Account Number</p> <p>_____</p> <p style="text-align: center;">Amount of Payment</p> <p>Debit will occur on the 1st of every month for Prepaid529 Accounts</p>	<p>_____</p> <p style="text-align: center;">Invest529 Account Number</p> <p>_____</p> <p style="text-align: center;">Amount of Contribution</p> <p>Frequency of Debit (select one or both)</p> <p><input type="checkbox"/> 1st of each month <input type="checkbox"/> 16th of each month</p>	
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3	Financial Institution Account Identification			
<p>_____</p> <p>Financial Institution Name</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings _____</p> <p style="margin-left: 20px;">Account Type Bank Account Holder Signature (if different from Virginia529 Account Owner above)</p>				
4	Check or Authorized Signature- Attach a voided check to this section. If a voided check is not available, a representative from your financial institution must complete this section.			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>Financial Institution Routing Transit Number</p> <p>_____</p> <p>Name of Representative (please print)</p> <p>_____</p> <p>Phone</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p>Account Number</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p> </td> </tr> </table>		<p>_____</p> <p>Financial Institution Routing Transit Number</p> <p>_____</p> <p>Name of Representative (please print)</p> <p>_____</p> <p>Phone</p>	<p>_____</p> <p>Account Number</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>	
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5	Signature			
<p>I hereby authorize (1) Virginia529 to make the specified withdrawals from the checking or savings account indicated above and (2) the financial institution indicated above to debit the same amount from the account indicated above. If erroneous entries are posted to my account, I authorize Virginia529 to direct the financial institution to return such entries. This authority remains in full force and effect until the Virginia529 receives written notification from me of its termination in such time and such manner as to afford the Virginia529 and the financial institution a reasonable opportunity to act on such revocation. Revocation by notice to the financial institution is not sufficient. In the event of unsuccessful debits, I understand that Virginia529 reserves the right to cancel this authorization and that the Virginia529 will notify me in writing of such action. I also understand that it may take 30 to 60 days from receipt of my request to set up automatic withdrawals and that the Virginia529 will notify me in writing upon activation.</p> <p>_____</p> <p>Account Owner Signature _____ Date</p>				

PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW