



Automatic Deduction Form

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Use this form to. Change the Amount, Date or Bank Information on an existing Deduction, Begin an Automatic Deduction, or Stop an Automatic Deduction from your checking or savings account. Complete all sections, even if the information has not changed. Automatic Deductions are for checking and savings accounts only. Please do not attach deposit slips to this form. **This form supercedes all previous forms for this account.**

Section 1. Account Information:

Account Owner

 Name

 Address

 City, State, Zip
 (_____) _____
 Phone Number

Account Number

Beneficiary:

 Name

 Social Security Number

Section 2. Action To Be Taken:

- Change the Amount of your deduction
 Change the Date of your deduction
 Change Bank Information on an existing Deduction
 Begin an Automatic Deduction

\$ _____
 Amount to be deducted

___ 5th ___ 20th OR ___ 5th & 20th of the month
 Check the date for the deduction

Please tape a voided check for the account from which you wish the deduction to come. You must sign below.

Trade Check Here

Name _____ #1234
 Address _____
 City, State Zip _____ Date _____
 Pay to the Order of _____
 _____ dollars
 ABC Bank
 6789 Main Street
 Memo _____ x _____
(CHECKING OR SAVINGS ACCOUNTS ONLY)
PLEASE DO NOT ATTACH DEPOSIT SLIPS

CHECK ONE:
 ___ Checking Account
 OR
 ___ Savings Account

With a minimum ACH investment of \$25 per month, your account will receive a one-time \$10 fee credit.

I hereby authorize the Program Manager to initiate debit entries to the bank account indicated above, and the bank indicated above to debit the same amount. This authority is to remain in full force and effect until the Program Manager has received notification from me of its modification or termination in such time as to afford the Program Manager 10 business days to act on it. In the case of unsuccessful debits, I understand that the Program Manager reserves the right to cancel this authorization and that the Program Manager will notify me in writing of such action. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of applicable law. Authorization must be received approximately 10 business days prior to the date of the first transfer. The Program Manager, on behalf of the College Savings Plan of Nebraska, will provide you a copy of this authorization.

X _____
 Signature of Bank Account Owner

X _____
 Signature of Joint Bank Account Owner

Stop an Automatic Deduction
 By signing below you authorize the termination of the previously established automatic deductions from your checking or savings account to the College Savings Plan of Nebraska. The Program Manager has 10 business days from the receipt of this written notification to terminate the deductions.
 X _____ Date _____
 Signature of Account Owner