



AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

Save time and postage by signing up for automatic withdrawal for your College Illinois!® monthly payment. Complete the form below, enclose a voided check with your preprinted name and account number, or have your financial institution complete the account identification section. Select one date from those available and the monthly payment amount will be deducted from your bank account on that date each month. A record of these payments will appear on your bank statement.

Send the completed form to College Illinois!, P.O. Box 44030, Jacksonville, FL 32231-4030 or by Fax at 1-800-519-4652. College Illinois! will notify you when the automatic payments are scheduled to begin. Questions should be directed to Customer Service at our toll-free number, 1-877-877-3724, option 2.

In order to keep your account in good standing, you should continue to mail your monthly payment with account coupon until you receive notification of the ACH start date.

Current Contract Information

College Illinois! Account Number _____

Current Purchaser _____ Daytime Phone Number _____

Current Beneficiary _____

Withdrawal Date ____1st ____6th ____11th Withdrawal Amount: \$_____ per month
(select only one date)

I hereby authorize College Illinois! to initiate debit entries for the monthly payment reflected above, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my checking ____ savings ____ account at my financial institution named below.

This authority is to remain in full force and effect until the account is paid in full, or College Illinois! has received written notification from me of its termination in such time and such manner as to afford College Illinois! and the financial institution a reasonable opportunity to act on it. In the event of unsuccessful debits, I understand that College Illinois! reserves the right to cancel this authorization and that College Illinois! will notify me in writing of such action.

X

Signature of Purchaser **Date**

Bank Account Holder Signature (if other than Purchaser) **Date**

The following information is required only if a voided check is not attached.

(To be completed by the Financial Institution)

Financial Institution

City State Zip

Transit Routing Number: _____

Account Number: _____

Financial Institution Officer Signature Date

Title Phone Number

NOTICE

Purchasers who knowingly supply fraudulent documentation will be denied the opportunity to participate in the program. In the event a College Illinois! contract has been revised based upon fraudulent documentation, the contract will be terminated subject to the assessment of a termination charge up to \$500.