

LOUISIANA'S START SAVING PROGRAM

**AUTHORIZATION FOR AUTOMATIC DEBITS
FROM A PERSONAL BANK ACCOUNT**

START Saving Program
PO Box 91271
Baton Rouge, LA 70821-9271

Telephone: 1-800-259-5626, Ext. 1012
Internet: www.startsaving.la.gov
Fax: (225) 612-6497

INSTRUCTIONS: Complete this authorization form if you are a START account owner or his/her spouse and you elect to make deposits that are automatically debited from a personal checking or savings account. You must complete a separate form for each START account that will receive these deposits. Contact your financial institution to verify the ABA Routing Number prior to submitting this form. Attach a voided check to the bottom of this form and mail to the START Saving Program, Post Office Box 91271, Baton Rouge, LA 70821-9271. You should expect up to a 60-day delay before automatic debits begin from your account. Accounts are debited at 12:01 a.m. on the date that you select. Please ensure sufficient funds are in the account to cover your debits.

IDENTIFY THE EDUCATION SAVINGS ACCOUNT TO RECEIVE THE DEPOSIT

Account Owner's Name: _____
Account Number: _____
Beneficiary's Name: _____

IDENTIFY THE ACCOUNT FROM WHICH AUTOMATIC DEBITS WILL BE DRAWN

Name of the Financial Institution: _____
Address: _____
Account No.: _____ Type of Account: Checking ____ Savings____
Financial Institution's ABA Routing Number: _____ Monthly Debit(s) One-time Debit
Amount to be Debited: \$ _____ New Change Stop
Select the day(s) of the month that you want the debit(s) to occur. 1st 10th 20th 25th

ACCOUNT OWNER'S OR SPOUSE'S AUTHORIZATION

I hereby authorize the START Saving Program: to initiate debit entries from the above account and to deposit such debits into the START Saving Account listed above, and, if necessary, credit entries and adjustments for any debits entered in error to my checking or savings account at the financial institution named above; to debit and/or credit the same to such account; and, to debit the amount on the specified date until this authorization is amended or terminated.

START Account Owner's Signature: _____
START Account Owner's Spouse, if applicable: _____
Date: _____

Mail or fax this form to the START Saving Program at the address shown above.

This form supercedes all previous forms submitted.