

Louisiana's STARTK12 Program

AUTHORIZATION FOR AUTOMATIC DEBITS FROM A PERSONAL BANK ACCOUNT

STARTK12 Saving Program
P.O. Box 91000
Baton Rouge, LA 70821-9000

Telephone: 1-800-259-5626
Internet: www.startsaving.la.gov
Fax: (225) 612-6497
E-mail: start@la.gov

INSTRUCTIONS: Complete this authorization form if you are a STARTK12 account owner or his/her spouse and you select to make deposits that are automatically debited from a personal checking or savings account. You must complete a separate form for each STARTK12 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 STARTK12 Program, Post Office Box 91000, Baton Rouge, LA 70821-9000. **You should expect up to a 60-day delay before automatic debits begin from your account. For MONTHLY debits, the first month will not be debited from your account. On the first month due date, your financial institution will verify your account information. The following month on the due date the withdrawal will occur. ONE-TIME debits will be deducted from your bank account on the date selected.** 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 to occur: 1st 10th 20th 25th

ACCOUNT OWNER'S OR SPOUSE'S AUTHORIZATION

I hereby authorize the STARTK12 Program to initiate debit entries from the above account and to deposit such debits into the STARTK12 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 the authorization is amended or terminated.

STARTK12 Account Signature: _____

STARTK12 Account Owner's Spouse, if applicable: _____

Date: _____

Mail or fax this form to the STARTK12 Program at the address shown above.

This form supersedes all previous forms submitted.