

AUTHORIZATION FOR AUTOMATIC MONTHLY PAYMENTS

Use this form if you want to authorize automatic monthly deductions from your bank account, which saves you time and postage. Please complete and sign this form and enclose a voided check for the account indicated with this authorization. For savings accounts, contact your bank to verify participation in automatic debit and to obtain the proper account number and bank routing number.

One monthly payment amount will be withdrawn from your account on the 1st of every month, and record of these payments will appear on your bank statement.

You must make payments by check until you are notified that your automatic payments have been set up.

Remember to include your MPACT account number on your check.

Please review the checklist below on completing the Automatic Monthly Payment Authorization.

If you have any questions when completing this form, call us toll-free in Mississippi at 1-800-987-4450, Monday-Friday, 8 a.m. to 5 p.m. CT.

PURCHASER NAME *(please type or print in ink)*

PURCHASER SOCIAL SECURITY NUMBER

BENEFICIARY NAME

PURCHASER'S PRIMARY PHONE NUMBER

BANK ACCOUNT HOLDER NAME *(if different from Purchaser)*

MPACT ACCOUNT NUMBER

(For new MPACT Purchasers: Your account number will be assigned and mailed to you once your application is processed.)

MONTHLY DEDUCTION AMOUNT

(should be equal to or greater than your MPACT monthly payment amount)

I hereby authorize MPACT, Mississippi Prepaid Affordable College Tuition Program, to initiate debit entries for the monthly payment related to my account, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account at my financial institution named below.

Please check one:

Checking Savings

NAME OF BANK

BANK ADDRESS

ROUTING NUMBER

ACCOUNT NUMBER

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

BANK ACCOUNT HOLDER SIGNATURE

DATE

Checklist after completing this form:

- Have you made a copy for your records?
- Have you sent the original form back to MPACT?
- Have you included a voided check with your form?
- Have you sent any necessary payments to MPACT?

Mail original forms, payments and copies of any changes to:

MPACT Program
College Savings Mississippi
P.O. Box 120
Jackson, MS 39205

Attach Voided Check Here

CollegeSavingsMPACT
MISSISSIPPI

Guaranteed by the State of Mississippi

