College Savings Plans of Maryland
Maryland Prepaid College Trust
Automatic Payment Authorization

Instructions

1. Use this form to request and authorize the College Savings Plans of Maryland to take contributions directly from your checking or savings account and apply those contributions to a Maryland Prepaid College Trust account as designated by you on this form.

2. Contributions will be scheduled for deduction on the 1st of each month. The actual post date to your account may vary depending on the conditions and terms of your particular financial institution.

3. Print or type all information except for your signature. Return the completed form by fax to 410-333-2295 or mail it to MPCT, 217 E. Redwood Street, Suite 1350, Baltimore, MD 21202

4. If you have any questions regarding the authorization below, please contact us toll free at 1-888-4MD-GRAD.

Complete the automatic payment authorization below and attach your voided bank check or savings deposit slip. If you do not attach a voided check or savings deposit slip, you must have a bank representative sign this authorization.

Please allow 30 days from the receipt of your request for processing. One payment amount will be debited from your bank account on the 1st day of your billing cycle (monthly will be the 1st of each month) and a record of these payments will appear on the bank statement. You will be notified in writing by this office when the automatic payments are scheduled to begin. Please make your monthly payments until notified otherwise.

Account Holder: _____ Account Number:_____

Beneficiary Name: _____ Monthly Payment:_____

I hereby authorize the Maryland Prepaid College Trust to initiate debt entries for the monthly payment amount reflected above and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my bank account at the financial institution named below. This authority is to remain in full force and effect until the account is paid in full, or MPCT has received written notification from me of its termination in such time and manner as to afford MPCT and the financial institution a reasonable opportunity to act on it.

Account Holder Signature:_____ Date:_____

Unless this form is accompanied by a voided check or savings deposit slip, the following must be completed:

Financial Institution Name:_____

Financial Institution ABA Number:_____

Account Number:_____ Type of Account: ___Checking
___ Savings

Authorized Financial Institution Representative: _____

Date:_____