

Maryland Prepaid College Trust

Automatic Payment Authorization



Use this form to request and authorize the College Savings Plans of Maryland to take monthly 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.

Instructions

1. Complete this form and attach a voided check or savings deposit slip from your Bank Account OR a representative of your financial institution must sign this form.
2. Payments will be scheduled for deduction from your Bank Account on the 1st business day of the month based on the payment option established for this MPCT Account. Specifically, payments on Accounts with:
 1. Extended or 5-year monthly payment options will be deducted on the 1st business day of each month; and
 2. Annual payment options will be deducted on the 1st business day of the month of your expected annual payment.A record of these payments will appear on your Bank Account statement. We will notify you in writing when the automatic payments are scheduled to begin. The actual post date to your Bank Account may vary depending on the terms and conditions of that Bank Account.
3. Print or type all information except for signatures. Return the completed form by fax to 410.333.2295 or mail it to MPCT, 217 E. Redwood St., Suite 1350, Baltimore, MD 21202.
 - Please allow 30 days from our receipt of your request for processing.
 - If you have any questions regarding the authorization below, please contact us at 1.888.4MD.GRAD (1.888.463.4723).

No changes to the tuition plan or payment option that you selected for this Account will be accepted on this form. Changes to your tuition plan or payment option must be made by completing the ***“Change of Tuition Plan/Payment Option Form”*** and returning it to the MPCT in accordance with the instructions on that form. In addition, if you change your automatic payment authorization, such change will have no effect on your tuition plan or payment option.

Account Holder: _____ Account Number: _____

Beneficiary Name: _____ Payment Amount: _____

Please Complete Page 2

