



Direct Deposit Authorization and Change Form

Mail to:
College Savings Bank
PO Box 3769
Princeton, NJ 08543

call, e-mail or log on for assistance:
1-800-888-2723
info@collegesavings.com
http://www.collegesavings.com

Add Change Terminate

Financial Institution Information

(where would you like College Savings Bank to draw money from?)

Financial Institution _____	City _____	State _____
Acct. No. _____	ABA Routing No. _____	

Checking
 Savings (no passbooks)

Account Owner: (signature required below)
(name as is appears on account above)

First Name _____ M _____ Last Name _____

Joint Account Owner:
(name as is appears on College Savings Bank account (if applicable))

First Name _____ M _____ Last Name _____

Start Date:

1st or
 20th only
Mo. _____ Day _____ Yr _____

(allow 7 business days from receipt of form for processing)

College Savings Bank Information:

Account Owner:
(name as is appears on College Savings Bank account)

First Name _____ M _____ Last Name _____

Beneficiary:
(please complete one form per beneficiary)

First Name _____ M _____ Last Name _____

Joint Account Owner:
(name as is appears on College Savings Bank account (if applicable))

First Name _____ M _____ Last Name _____

Please Indicate the Accounts You Would Like to Fund:

Select all account types that apply:

- CollegeSure CD \$ _____
(minimum \$100)
- InvestorSure CD \$ _____
(minimum \$250)
- 1-year Fixed Rate CD \$ _____
(minimum \$250)
- 3-year Fixed Rate CD \$ _____
(minimum \$250)

Authorization Agreement: I authorize College Savings Bank (CSB) to initiate debit entries to my bank account indicated, and the bank indicated above to debit the same amount. This authority is to remain in full force and effect until CSB has received written notification from me of its termination in such time and such manner as to afford CSB reasonable opportunity to act on it.

Signature of Account Owner

Signature _____ Date _____

Signature of Joint Account Owner
(Required on joint accounts)

Signature _____ Date _____

A voided check or deposit slip must be returned with this form.

Your Name _____	1011
Address _____	12-31 567
Pay To The Order Of: _____	\$ _____
_____	Dollars
Financial Institution Name and Address _____	
Memo _____	
:123456789: 34567: 1011	
ABA Routing No. _____	

VOID