AUTOMATIC WITHDRAWAL AUTHORIZATION

Save time and postage by signing up for automatic withdrawal for your *College Illinois!* monthly payment. Complete the form below, enclose a voided check with your preprinted name and account number, or have your financial institution complete the account identification section. Select one date from the dates available and the monthly payment amount will be deducted from your bank account on that date each month (or the next business day when that date is on a weekend or holiday). If no date is selected, the monthly debit will be scheduled for the 1st of each month. A record of these payments will appear on your bank statement.

Send the completed form to *College Illinois!,* P.O. Box 19292, Springfield, IL 62794-9292 or Fax to 1-800-519-4652. Please allow 30-60 days from receipt of your request for processing. This office will notify you when the automatic payments are scheduled to begin. **Please make your monthly payments by check and enclose a coupon until you have been notified otherwise.**

Current Contract Information

College Illinois! Account Number _____

Current Purchaser _____
Name

Current Beneficiary _____
Name

Withdrawal Date _____1st _____6th _____11th (select only one date) Withdrawal Amount: $_____ per month

I hereby authorize *College Illinois!* to initiate debit entries for the monthly payment reflected above, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my **checking** _____ **savings** _____ account at my financial institution named below.

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

_____
Purchaser's Signature **Date**

_____
Bank Account Holder Signature (if other than Purchaser) **Date**

The following information is required only if a voided check is not attached.
(Deposit slips are not acceptable)

(To be completed by the Financial Institution)

_____
Financial Institution

_____
City State Zip

Transit Routing Number: ☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

_____ _____
Financial Institution Officer Signature Date

_____ _____
Title Phone Number