



For UESP Use Only	○
UESP Account _____	
Date Received/Initials _____	
Date Processed/Initials _____	

Form 200

Automated Contributions Authorization/Change

- Use this form to authorize one-time or recurring automated contributions from your checking or savings account to a UESP 529 account. You can also change or cancel your automated contributions by logging into your account at uesp.org.
- **A UESP account must be established before automated contributions can be authorized.** UESP offers three types of accounts to save for the future qualified higher education expenses of a beneficiary: individual, institutional, or custodial. For complete definitions and descriptions, see the *Program Participation Information* section of the Program Description.
 - Individual 529 Account*—An account opened by an adult (i.e., a person at least age 18). This is the most common UESP account type and can be opened online or by submitting an Individual Account Agreement (form 100).
 - Institutional 529 Account*—An account opened by an institution such as a trust, corporation, or other organization. It can only be opened by submitting the Institutional Account Agreement (form 102).
 - Custodial 529 Account*—An account that may **only** be funded with liquidated assets from an existing Uniform Gifts to Minors Act/Uniform Transfers to Minor Act (UGMA/UTMA) custodial account. It can only be opened by submitting the Custodial Account Agreement (form 104).
- Automated contributions to a custodial account may not be authorized and set up online. Use this form to authorize automated contributions to a custodial account.
- Use this form to make any of the following changes: change the dollar amount you contribute, change your checking or savings account number, change the dates the contributions are made, or cancel your automated contributions entirely.
- Check the accuracy of the information provided, as rejected transactions or insufficient funds could cause fees to be assessed by UESP and/or your financial institution.
- Please allow three to five business days to process this request.
- Please print clearly—preferably in capital letters, using black or blue ink.
- To ask questions about completing this form, contact us toll free at 800.418.2551 on business days from 8:00 a.m. to 5:00 p.m., Mountain Time.
- Return this form to: UESP, PO Box 145100, Salt Lake City, UT 84114-5100. For delivery by overnight carrier, send to: UESP, Board of Regents Building, Gateway 2, 60 South 400 West, Salt Lake City, UT 84101-1284. You may also fax this form to 800.214.2956.

1 UESP Account Information

UESP Account Number	UESP Account Owner/Agent's Last Name	First Name	Daytime Phone
Beneficiary's Last Name		First Name	

2 Contribution Options

Select all that apply:

- Make a one-time contribution.** Your contribution will normally be pulled from your bank account within three to five business days after UESP receives this form. *Complete sections 4, 5, and 6.*
 - Transaction amount \$ _____
- Add a recurring contribution.** *Complete sections 3, 4, 5, and 6.*
 - Amount per debit \$ _____
- Change the amount** of my recurring contribution. *Select the month the change is to begin in section 3, and then complete section 6.*
 - Current amount \$ _____
 - New amount \$ _____
- Change my contribution date(s).** *Select new contribution dates below in section 3, and then complete section 6.*
- Change my bank account information.** *Select the month the change is to begin in section 3, and then complete sections 4, 5, and 6.*
- Cancel my automated contributions.** *Complete section 6.*

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6 Signature Authorization

- I hereby authorize UESP to debit a one-time contribution and/or recurring contributions from my checking or savings account. This authorization is to remain in full effect until UESP has received notification from me of its termination, and UESP has had a reasonable opportunity to act on the termination notification. I understand that inaccurate information or insufficient funds could cause fees to be assessed by UESP and/or my financial institution. If the bank account is owned jointly, I certify that I am authorized to initiate this transaction.
- If the bank account is owned by an institution (such as a trust, corporation, or other entity), I certify that I am authorized to act on its behalf.
- I understand that bank accounts that have UGMA/UTMA designation can only be used to fund custodial UESP accounts.
- I certify that any contribution sources for a custodial UESP account are liquidated assets from an existing UGMA/UTMA custodial account.
- I understand that UESP is not liable for any consequences related to a custodian's improper use, transfer, or characterization of custodial funds.



Signature of Bank Account Owner

Date (mm/dd/yyyy)

Name of Bank Account Owner (please print)



Signature of Joint Bank Account Owner (if applicable)

Date (mm/dd/yyyy)

Name of Joint Bank Account Owner (please print)