



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 account. You can also change or cancel your automated contributions by logging in to 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 UGMA/UTMA 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).

UGMA/UTMA Custodial 529 Account—An account that may **only** be funded with liquidated assets from an existing Uniform Gifts to Minors Act/Uniform Transfers to Minors Act (UGMA/UTMA) custodial account. It can only be opened by submitting the UGMA/UTMA Custodial Account Agreement (form 104).

• Automated contributions to a UGMA/UTMA custodial account may not be authorized and set up online. Use this form to authorize automated contributions to a UGMA/UTMA 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.

• Requests in good order will usually be completed within three business days after UESP receives this form.

• Please print clearly—preferably in capital letters, using black or blue ink.

• To ask questions about completing this form, contact UESP 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 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.*

Continued on Next Page ➔

3 Contribution Schedule

Select the **month** to begin (or change) your automated contributions.

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Select the **date(s)** to pull funds from your account. (You can choose up to two dates per month.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14
 15 16 17 18 19 20 21 22 23 24 25 26 27 28

The first contribution may not be more than 60 days from the date this form is submitted. If you do not select a month, the first available month will be chosen for you. If you do not select a date, your contributions will begin on the 5th of each month. If the date you select occurs on a non-business day, the transaction will occur on the following business day.

4 Bank Account Owner Information

Complete this section if the bank account owner is **not** the UESP account agent.

Bank Account Owner's Last Name First Name E-mail Address Daytime Phone

Joint Bank Account Owner's Last Name First Name

5 Bank Information

Bank Name

ABA Routing Number Bank Account Number

Account type: Checking (tape voided check below) Savings (tape withdrawal slip below)
If you do not select a bank account type, UESP will automatically select checking.

TAPE VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP IN THIS SPACE

(Required only to set up a new withdrawal or to change bank information)

Note to UESP UGMA/UTMA custodial account owners:

Please provide a withdrawal slip or voided check that shows the UGMA/UTMA designation of the bank account. If UGMA/UTMA is not shown on the withdrawal slip or voided check, please provide the withdrawal slip or voided check and any additional documentation that indicates the funds are UGMA/UTMA.



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 UESP UGMA/UTMA custodial accounts.
- I certify that any contribution sources for a UESP UGMA/UTMA custodial 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)