

### INSTRUCTIONS

Use this form to authorize automatic payments or contributions to your Virginia529 account from your checking or savings account. Please allow 30-60 days from the receipt of your request for processing.

<b>1</b>	<b>Account Owner Information</b>	Office Use Only		
<p>_____</p> <p>Account Owner Name <span style="margin-left: 200px;">_____</span> Daytime Phone Number</p>				
<b>2</b>	<b>Account Information-</b> Indicate your Virginia529 prePAID and/or inVEST account numbers and the frequency of your automatic debit.			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>prePAID Account Number</p> <p>_____</p> <p>Amount of Payment</p> <p>Debit will occur on the 1<sup>st</sup> of every month prePAID Accounts</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p>inVEST Account Number</p> <p>_____</p> <p>Amount of Contribution</p> <p>Frequency of Debit (select one or both)</p> <p><input type="checkbox"/> 1<sup>st</sup> of each month    <input type="checkbox"/> 16<sup>th</sup> of each month</p> </td> </tr> </table>		<p>_____</p> <p>prePAID Account Number</p> <p>_____</p> <p>Amount of Payment</p> <p>Debit will occur on the 1<sup>st</sup> of every month prePAID Accounts</p>	<p>_____</p> <p>inVEST Account Number</p> <p>_____</p> <p>Amount of Contribution</p> <p>Frequency of Debit (select one or both)</p> <p><input type="checkbox"/> 1<sup>st</sup> of each month    <input type="checkbox"/> 16<sup>th</sup> of each month</p>	
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<b>3</b>	<b>Financial Institution Account Identification</b>			
<p>_____</p> <p>Financial Institution Name</p> <p><input type="checkbox"/> Checking    <input type="checkbox"/> Savings</p> <p style="margin-left: 40px;">Account Type</p> <p>_____</p> <p style="margin-left: 150px;">Account Holder Signature (if different from Account Owner above)</p>				
<b>4</b>	<b>Check or Authorized Signature-</b> Attach a voided check to this section. If a voided check is not available, a representative from your financial institution must complete this section.			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>Financial Institution Routing Transit Number</p> <p>_____</p> <p>Name of Representative (please print)</p> <p>_____</p> <p>Phone</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p>Account Number</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p> </td> </tr> </table>		<p>_____</p> <p>Financial Institution Routing Transit Number</p> <p>_____</p> <p>Name of Representative (please print)</p> <p>_____</p> <p>Phone</p>	<p>_____</p> <p>Account Number</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>	
<p>_____</p> <p>Financial Institution Routing Transit Number</p> <p>_____</p> <p>Name of Representative (please print)</p> <p>_____</p> <p>Phone</p>	<p>_____</p> <p>Account Number</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>			
<b>5</b>	<b>Signature</b>			
<p>I hereby authorize (1) Virginia529 to make the specified withdrawals from the checking or savings account indicated below and (2) the financial institution indicated below to debit the same amount from the account indicated below. If erroneous entries are posted to my account, I authorize Virginia529 to direct the financial institution to return such entries. This authority remains in full force and effect until Virginia529 receives written notification from me of its termination in such time and such manner as to afford Virginia529 and the financial institution a reasonable opportunity to act on such revocation. Revocation by notice to the financial institution is not sufficient. In the event of unsuccessful debits, I understand that Virginia529 reserves the right to cancel this authorization and that Virginia529 will notify me in writing of such action. I also understand that it may take 30 to 60 days from receipt of my request to set up automatic withdrawals and that Virginia529 will notify me in writing upon activation.</p> <p>_____</p> <p>Account Owner Signature <span style="margin-left: 200px;">_____</span> Date</p>				

**PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW**