



N E V A D A P R E P A I D T U I T I O N
AUTOMATIC PAYMENT

To simplify making your monthly payments to the Nevada Prepaid Tuition Program, sign up for automatic payments. Please provide a voided check or provide your financial institution and account information below. Sign and date the form and mail it to the Nevada Prepaid Tuition Program, 555 E. Washington Avenue, Suite 4600, Las Vegas, NV 89101

Please allow 30-45 days from receipt of your request for processing. Please note amount to be debited monthly. One monthly payment amount will be debited from your account on the 15th of each month, and a record of these payments will appear on your bank statement. You will be notified in writing by this office when the automatic payments are scheduled to begin. Please make your monthly payments by coupon until you have been notified otherwise.

AUTOMATIC PAYMENT AUTHORIZATION

Purchaser Name: _____

Contract Number: _____

Beneficiary Name: _____

Monthly Payment: _____

Phone Number: _____

Effective Month: _____

I hereby authorize the Nevada Prepaid Tuition Program 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 (check one):
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 the Nevada Prepaid Tuition Program has received written notification from me of its termination in such time and such manner as to afford the Nevada Prepaid Tuition Program and the financial institution a reasonable opportunity to act on it. In the event of an unsuccessful debit, I understand that the Nevada Prepaid Tuition Program reserves the right to cancel this authorization, and in that event, the Nevada Prepaid Tuition Program will notify me in writing of such action.

Purchaser's Signature _____

Date _____

(COMPLETE OR YOU MAY ATTACH A VOIDED CHECK)

Financial Institution
City State Zip
Transit Routing Number: [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Account Number: [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Please fill out the form then print it and sign it. Please fax or mail the form to us!