



# N E V A D A P R E P A I D T U I T I O N **A U T O M A T I C P A Y M E N T**

Now that you have made it easy for yourself to pay for college tuition, make it even easier by signing up for automatic payments. Please provide a voided check or have your financial institution complete the information below, sign and date the form and forward it to **Nevada Prepaid Tuition Program, 555 E. Washington Avenue, Suite 4600, Las Vegas, NV 89101**

Please allow 30-60 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 15<sup>th</sup> 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.

(TO BE COMPLETED BY THE PURCHASER)

## **AUTOMATIC PAYMENT AUTHORIZATION**

**Purchaser Name:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_

**Beneficiary Name:** \_\_\_\_\_

**Monthly Payment:** \_\_\_\_\_

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 unsuccessful debits, I understand that the Nevada Prepaid Tuition Program reserves the right to cancel this authorization and that the Nevada Prepaid Tuition Program will notify me in writing of such action.

\_\_\_\_\_  
Purchaser's Signature

\_\_\_\_\_  
Date

(TO BE COMPLETED BY THE FINANCIAL INSTITUTION)

_____ Financial Institution		
_____ City		
_____ State		
_____ Zip		
Transit Routing Number:	<input type="text"/>	
Account Number:	<input type="text"/>	
_____ Financial Institution Officer Signature		_____ Date