



Vermont Higher Education Investment Plan (VHEIP) Automatic Contribution Plan/Electronic Funds Transfer Form

*Return to: PO BOX 44002, Jacksonville, FL 32231
Overnight Mail: 9428 Baymeadows Rd, Ste 110, Jacksonville, FL 32256*

- ▶ Complete this form to (1) establish, update or stop automatic contributions from your bank account, or (2) add or update bank information for periodic contributions online or by phone via Electronic Funds Transfer (EFT).
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ Include a pre-printed voided check or a pre-printed deposit slip to add or change bank information.
- ▶ **Complete a separate form for each account.**
- ▶ **Questions?** Visit www.vheip.org or call us at **1-800-637-5860**.

1. ACCOUNT INFORMATION

Account Number <i>(Required)</i>	Account Owner, Custodian, or Entity Name <i>(First, MI, Last, Suffix)</i>	
Account Owner Last 4 Social Security Number or Taxpayer Identification Number <i>(Required)</i>	Primary Phone Number	Alternate Phone Number
Beneficiary Name <i>(First, MI, Last, Suffix)</i>		

2. AUTOMATIC CONTRIBUTION PLAN (ACP)

If you elect to participate in the Automatic Contribution Plan (ACP), funds will be automatically transferred from your bank account in the amount and frequency you indicate below. The minimum contribution amount is \$25. It may take up to 3 business days to initiate these instructions.

Please specify the following:

Establish	Update	Stop
<p>▶ Amount of your recurring contributions. <i>(\$25 minimum)</i></p> <p>\$ <input style="width: 100px;" type="text"/></p>	<p>▶ Frequency of your contributions. <i>(Please select one)</i></p> <p style="padding-left: 20px;"> <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Yearly </p>	<p>▶ Start Date. Your bank account will be debited based on the frequency you selected above and on the contribution day you specify below. If you do not specify a contribution day, your automatic contributions will be deducted on the 5th of the applicable month(s).</p> <p style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <i>(mm/dd/yyyy)</i> </p>
<p>▶ Annual Increase <i>(Optional)</i>. You may increase the amount of your ACP contributions automatically on an annual basis by a percentage or a specific dollar amount. Your contributions will adjust each year based on the starting month of your ACP.</p>		
<p>\$ <input style="width: 100px;" type="text"/></p> <p>Annual Amount</p>	OR	<p><input style="width: 100px;" type="text"/> %</p> <p>Annual Percentage</p>

3. BANK INFORMATION FOR ACP & ONE-TIME EFT CONTRIBUTIONS

Complete this section to add, update, or delete bank account information to your VHEIP account. ACP & EFT contributions must be drawn on a banking institution located in the United States in U.S. dollars.

Establish	Update		Delete
Account Type	Checking	Savings	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name			Account Number
<input type="text"/>			<input type="text"/>
Routing Number			Name on Account

4. SIGNATURE & AUTHORIZATION

By signing below, I am agreeing to the terms and conditions set forth below and in the Disclosure Booklet and Participation Agreement. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner, and additionally that:

It is my intent to establish, update, or stop an ACP or EFT. All of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct. I authorize the Plan to act on my instructions based upon this information. I understand that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s). I have received, read and understand the Disclosure Booklet, including the Participation Agreement. I understand that the Vermont Student Assistance Corporation may from time to time amend the Disclosure Booklet and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments.

I authorize the Vermont Higher Education Investment Plan (VHEIP) to debit my bank account and to deposit such funds into my VHEIP account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither VHEIP nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law. If I am issuing instructions for an account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither VHEIP nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

Signature of Account Owner, Custodian or Authorized Representative of an Individual
or Entity Account Owner

Date

The Vermont Higher Education Investment Plan (Plan) is administered by the Vermont Student Assistance Corporation (VSAC). Interests in the Plan are issued directly to Account Owners by VSAC. Intuition College Savings Solutions, LLC (Intuition) is the Plan Manager.

