



For UESP Use Only	
UESP Account	_____
Date Received/Initials	_____
Date Processed/Initials	_____

Form 200

One-Time or Recurring Contributions Authorization/Change

ABOUT THIS FORM

- 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 your contribution amount, change the dates the contributions are made, change your checking or savings account information, or cancel your one-time or recurring contributions entirely.

IMPORTANT INFORMATION ABOUT YOUR ONE-TIME OR RECURRING CONTRIBUTION

- **A UESP account must be opened before one-time or recurring contributions can be authorized.** The most common types of UESP accounts to save for the future qualified higher education expenses of a beneficiary include: 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 funds from an existing Uniform Gifts to Minors Act/Uniform Transfers to Minors Act (UGMA/UTMA) account. It can only be opened by submitting the UGMA/UTMA Custodial Account Agreement (form 104).

- One-time or recurring contributions to a UGMA/UTMA custodial account may not be authorized and set up online. Use this form to make or add one-time or recurring contributions to a UGMA/UTMA custodial account.
- Check the accuracy of the information provided, as rejected transactions 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.

NEXT STEPS

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

SUBMITTING THIS FORM

- 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	Account Owner/Agent's Last Name	First Name
Home Phone	Work Phone	E-mail
Beneficiary's Last Name	First Name	

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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 recurring contribution date(s).** *Select new recurring 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 one-time or recurring contributions.** *Complete section 6.*

3 Recurring Contribution Schedule

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 be pulled from your bank account on the 25th of each month. If the date you select occurs on a non-business day, the transaction will occur on the following business day.

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

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

Select the **date(s)** to pull contributions from your bank 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

4 Bank Account Owner Information

Bank Account Owner Last Name _____ First Name _____

Home Phone _____ Work Phone _____ E-mail _____

Joint Bank Account Owner Last Name _____ First Name _____



5 Bank Account Information

Bank Name

Bank Phone

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ABA Routing Number

Bank Account Number

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

TAPE VOIDED CHECK OR PRE-PRINTED SAVINGS WITHDRAWAL SLIP IN THIS SPACE

(Required only to set up new one-time or recurring contributions or to change bank information.)

Notes:

1. Other official bank documentation (i.e. bank statement, letter from bank) verifying the name(s) of the bank account owner(s) and bank account number are acceptable.
2. 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 rejected transactions 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 only bank accounts that have a UGMA/UTMA designation can be used to fund UESP UGMA/UTMA custodial accounts.
- I certify that any contribution sources for a UESP UGMA/UTMA custodial account are liquidated funds from an existing UGMA/UTMA account.
- I understand that UESP is not liable for any consequences related to a custodian's improper use, transfer, or characterization of UGMA/UTMA funds.



Bank Account Owner Signature

Date (mm/dd/yyyy)

Bank Account Owner Name (please print)



Joint Bank Account Owner Signature (if applicable)

Date (mm/dd/yyyy)

Joint Bank Account Owner Name (please print)