

# Direct Deposit (ACH) Termination Form



- Use this form to terminate a direct deposit plan (ACH Plan).
- Allow three (3) business days from receipt of form for processing.

Forms can be downloaded from our website at [www.collegesavings.com/arizona](http://www.collegesavings.com/arizona), or you can call us to receive any form—or request assistance in completing this form—at **1.800.888.2723**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern Time.

Mail or Fax this form to:

- **Mail: College Savings Bank, 2515 McKinney Ave., Suite 1100, Dallas, TX 75201**
- **Fax: 214-481-1289, ATTN: Operations**

## 1. Financial Institution Information

Financial Institution		City	State
			<input type="checkbox"/> Checking
Account Owner First Name		MI	Last Name
			<input type="checkbox"/> Savings
Account Number		ABA Routing Number	

## 2. Account Information (Please complete one (1) form per Beneficiary.)

Account Owner or Custodian First Name		MI	Last Name
Beneficiary's First Name		MI	Last Name

## 3. Signature

I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations. I understand that this termination request will be effective as soon as the AZ529-Bank Plan and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in this form.

Signature of Account Owner or Custodian		Date (mm/dd/yyyy)
Signature of Joint Account Owner		Date (mm/dd/yyyy)