TEXAS PREPAID HIGHER EDUCATION TUITION BOARD
TEXAS GUARANTEED TUITION PLAN
Texas Tomorrow Funds • P.O. Box 13407 • Austin, Texas 78711-3407

311 E. 14th Street
2nd Floor, Suite 200
Austin, Texas 78701

1.800.445.GRAD (4723), Option 2
FAX: 512.475.0081
texas.tomorrow@cpa.texas.gov
www.tgtp.org

Automatic Payment Authorization

Now that you have made it easy to prepay the costs and fees for college tuition, make it even easier by signing up for automatic payments. You must attach a voided check or have the financial institution supply you with the information at the bottom of this form, tear off the authorization and forward it to the *Texas Guaranteed Tuition Plan* at P.O. Box 13407, Austin, Texas 78711-3407.

Please allow 30-60 days from receipt of your request for processing. One monthly payment amount will be debited for each *Texas Guaranteed Tuition Plan* account on the first business day 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 check until you have been notified otherwise.

Automatic Payment Authorization

Purchaser Name: _____ Account Number: _____

Beneficiary Name: _____ Monthly Payment: _____

I hereby authorize the *Texas Guaranteed Tuition Plan* to initiate debit entries for the monthly payments reflected above and initiate, if necessary, credit entries and adjustments for any debit entries in error to my (select one) checking or 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 *Texas Guaranteed Tuition Plan* has received written notification from me of its termination in such time and such manner as to afford the Program and the financial institution a reasonable opportunity to act on it.

(TO BE COMPLETED BY THE PURCHASER)

_____ _____
Purchaser Signature Date

☐ Check here if you want an amount **greater** than the monthly payment deducted from your account each month. Specify total amount to be deducted $_____. Otherwise, the monthly payment reflected above will be deducted each month.

ACCOUNT IDENTIFICATION - *Attach a voided check or have the financial institution supply the following information:*

_____
Financial Institution

_____ _____ _____
City State ZIP

Transit Routing Number: ☐☐☐☐☐☐☐☐☐

Account number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Checking Account ☐ Savings Account ☐