

BANK DRAFT (ACH) FORM

- Please complete and sign this form and enclose a voided check for the account indicated with this authorization. For savings accounts, contact your bank to verify participation in automatic debit and to obtain the proper account number and bank routing number.
- One monthly payment amount will be withdrawn from your account on the 1st of every month, and record of these payments will appear on your bank statement.
- **You must make payments by check until you are notified that your automatic payments have been set up.** Remember to include your MPACT account number on your check.
- Submit the completed form to MPACT, P.O. Box 120, Jackson, MS 39205
- Questions should be directed to Customer Service at 1-800-987-4450.

Section I: Account Information

Purchaser Name (First, MI, Last): _____

Employee Social Security Number: _____

Beneficiary Name (First, MI, Last): _____

Purchaser Phone Number: (____) _____ MPACT Account Number: _____

Bank Account Holder Name (if different from Purchaser): _____

Monthly Deduction Amount (equal to or greater than your MPACT monthly payment): _____

- I hereby authorize MPACT, Mississippi Prepaid Affordable College Tuition Program, to initiate debit entries for the monthly payment related to my account, and to initiate, if necessary, credit entries and adjustments for any debit entries to my account at my financial institution named below.

Section II: Banking Information

Please check one: Checking Savings

Name of Bank: _____

Bank Address: _____

Routing Number: _____ Account Number: _____

NOTE: This authority is to remain in full force and effect until the account is paid in full, or MPACT has received written notification from me of its termination in such time and such manner as to afford MPACT and the financial institution a reasonable opportunity to act on it. In the event of unsuccessful debits, I understand that MPACT reserves the right to cancel this authorization and will notify me in writing of such action.

Bank Account Holder Signature _____

Date _____

Section III: Purchaser Checklist

- Have you included a voided check with this form?
- Have you made a copy of this form for your records?
- Have you sent any necessary payments to MPACT?
- Have you sent the completed original form to MPACT?

Attach Voided Check Here

NOTICE

Purchasers who knowingly supply fraudulent documentation will be subject to penalties defined in the MPACT Master Contract and other civil and criminal penalties as provided by law.



Lynn Fitch
STATE TREASURER
COLLEGE SAVINGS MISSISSIPPI
| MPACT |