



For UESP Use Only	○
UESP Account _____	
Date Received by UESP _____	
User Initials _____	

Form 200

Automated Contributions Authorization/Change

- Use this form to authorize one-time or recurring automated contributions from your checking or savings account. You can also establish, change, or cancel your automated contributions by logging into your account at uesp.org.
- **If you have not yet opened a UESP account**, you should (1) complete the Automated Contributions Authorization section on the Account Agreement (form 100) instead of submitting this form **or** (2) open an account online at uesp.org.
- Use this form to make any of the following changes: change the dollar amount you contribute, change your checking or savings account number, change the dates the contributions are made, or cancel your automated contributions entirely.
- Check the accuracy of the information provided, as rejected transactions or insufficient funds could cause fees to be assessed by UESP and/or your financial institution.
- Please allow three to five business days to process this request.
- Please print clearly—preferably in capital letters, using black or blue ink.
- To ask questions about completing this form, contact us 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	UESP Account Owner/Agent's Last Name	First Name	Daytime Phone
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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 contribution date(s). *Select new contribution dates below 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 automated contributions. *Complete section 6.*

3 Contribution Schedule

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

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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Select the **date(s)** to pull funds from your 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

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 begin on the 5th of each month. If the date you select occurs on a non-business day, the transaction will occur on the following business day.

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4 Bank Account Owner Information

Complete this section if the bank account owner is not the UESP account owner.

Bank Account Owner's Last Name	First Name	E-mail Address	Daytime Phone
Joint Bank Account Owner's Last Name	First Name		

5 Bank Information


Bank Name	
ABA Routing Number	Bank Account Number
Checking (tape voided check below) <i>If you do not select a bank account type, UESP will automatically select checking.</i>	Savings (tape withdrawal slip below)

TAPE VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP IN THIS SPACE

(Required only to set up a new withdrawal or to change bank information)


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 inaccurate information or insufficient funds 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.
- If the bank account has a UGMA/UTMA designation, I understand it can only be used to fund custodial UESP accounts.

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Signature of Bank Account Owner

Date (mm/dd/yyyy)

Name of Bank Account Owner (please print)

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Signature of Joint Bank Account Owner (if applicable)

Date (mm/dd/yyyy)

Name of Joint Bank Account Owner (please print)