Formerly Virginia529

9001 Arboretum Parkway
North Chesterfield, Virginia 23236
1-888-567-0540 (T)
1-866-757-1295 (F)
disbursements@commonwealthsavers.com

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (VIA ACH)

Once completed, this form contains sensitive information. Please do not send this completed form via e-mail. Store completed form in a safe place or destroy where possible.
For questions, please e-mail disbursements@commonwealthsavers.com or call toll free at 1-888-567-0540, option 3, then option 4.

Step 1. Provide Payee Information

Payee/ Institution Name: _____
Federal Taxpayer ID: _____

ACH Authorization Status (check one): ☐ New ☐ Change ☐ Cancel

Primary Contact Name: _____
Primary Contact Address: _____
Primary Contact Phone: _____ Primary Contact Email: _____
Secondary Contact Name: _____
Secondary Contact Address: _____
Secondary Contact Phone: _____ Secondary Contact Email: _____

Step 2. Provide Financial Institution (Bank) Information

Bank Name: _____
Bank Address: _____

Type of Account: ☐ Checking ☐ Savings

Bank Routing Number: | | | | | | | | | |

Account Number: | | | | | | | | | | | | | | | |

Step 3. ACH Authorization

The payee hereby authorizes the Commonwealth Savers Plan, administrator for Invest529 to initiate credit entries to the bank account at the depository financial institution indicated above. I (we) acknowledge that the origination of electronic transactions to this account must comply with the provisions of U.S. law. I certify that I am an authorized representative of the payee and that I have the authority to authorize receipt of payment on the payee's behalf. This authority remains in full force and effect until Invest529 receives written notification from me (us) of its termination in such time and such manner as to afford Commonwealth Savers Plan and the financial institution a reasonable opportunity to act on such revocation. Revocation by notice to the financial institution is not sufficient. In the event of unsuccessful credits, I (we) understand that Commonwealth Savers Plan reserves the right to cancel this authorization and that Invest529 will notify me (us) in writing of such action.

_____
Authorized Representative Signature Please Print Name Title Date

_____
Telephone Number Email Address for Payment Notification

Step 4. Send Authorization Form

Return completed form with IRS form W-9 attached via:

1. **MAIL**
Commonwealth Savers Plan
Attn: Controller
9001 Arboretum Parkway
North Chesterfield, Virginia 23236

OR

2. **FAX**
1-866-757-1295