



*Kentucky's Affordable Prepaid Tuition*

**Automatic Payment Authorization for Monthly Payments**

Save time and postage by having your monthly payment automatically deducted from your bank account. Please complete and sign this form and attach a voided check below for the bank account indicated on 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.

Your monthly payment amount will be withdrawn from your account on the 1st of every month, and record of these payments will appear on your bank statement.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 will be notified in writing when the automatic payments are scheduled to begin. Please allow 4-6 weeks from receipt of your form for processing. Send this form to Kentucky's Affordable Prepaid Tuition, KHEAA, P. O. Box 798, Frankfort, KY 40602-0798.

You must make payments by check until you are notified that your automatic payments have been set up. Remember to include your account number on your check. Send your payments to Kentucky's Affordable Prepaid Tuition, P. O. Box 645146, Cincinnati, OH 45264-5146.

**Please print clearly in ink or type the information requested below** (one KAPT account per form).

**Purchaser Name:** \_\_\_\_\_ **Purchaser Social Security Number:** \_\_\_\_\_

**Beneficiary Name:** \_\_\_\_\_

**Bank Account Holder Name (if different from Purchaser):** \_\_\_\_\_

I hereby authorize Kentucky's Affordable Prepaid Tuition 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 in error to my account at my financial institution named below.

(circle one)      **Checking**      **Savings**

**Name of Bank:** \_\_\_\_\_ **Bank Address:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

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

\_\_\_\_\_  
**Account Holder Signature:**

\_\_\_\_\_  
**Date:**

**Attach Voided Check Here**