120 Father Dueñas Avenue Capitol Plaza Bldg, Suite 110 Hagåtña, Guam 96910



## Guam College Savings Program New Account / Change Form

Tel: (671) 477-2724 Fax: (671) 477-2729 Email: info@asctrust.com www.asctrust.com

Account Owner's Name  Beneficiary Name		Date of Birth		
		Contribution Information You have several easy ways to contribute.	FBO: Guam College Savin contributions at any time (subjection)	or money order payable to "Ags Program". You may make ect to \$300,000 maximum limit).
payroll deduction is available. return with this enrollment form	<b>TION.</b> Check with your employe Complete the Payroll Deduction		Form and Amount to be deducted per pay period.	
ROLLOVER from another Qualified Tuition Program. Complete the Payroll Deduction Form and return with this enrollment form.				
	GMA/UTMA, Coverdell return with this enrollment form.		ESA or US Savings Bond. Complet	
	CTION from your bank on, fill out the following information a		<b>CACCOUNT.</b> Complete the information below. and attach a voided check.	
☐ Checking Account ♠			☐ Monthly: 1 <sup>st</sup> of each month	
Savings Account	Amount to be a transferred *		Quarterly: March, June, Sept, Dec	
	Amount to be transferred*		Annually: (specify month & date)	
Start Date of deductions_	mm / dd / yyyy			
TAPE VOIDED CHECK HERE FOR AUTOMATIC DEDUCTION				
	authority is to remain in full force and effect u Program Manager 10 business days to act or authorization and that the Program Manager wil	intil the Program Manager has received written it. In the case of unsuccessful debits, I und I notify me in writing of such action. I acknowle	above, and the bank indicated above to debit the same amount. Thin notification from me of its termination in such time as to afford the derstand that the Program Manager reserves the right to cancel thing do that he origination of ACH transactions to my account must complition or though the program Manager will not bear any liability.	

Authorization must be received approximately 10 business days prior to the first transfer date. The Program Manager, on behalf of the Guam College Savings Program, will provide you a copy of this authorization and information on the date of the first transfer.

Signature of Bank Account Owner

Signature of Joint Bank Account Owner