Reset Form

Michigan Department of Treasury
3695 (Rev. 11-25)

Michigan Education Trust Automated Clearing House (ACH) Authorization for Recurring Contributions

Issued under authority of Public Act 316 of 1986.

Instructions: Carefully read and complete the entire authorization form. If you have any questions, call 800-638-4543 or email TreasMET@Michigan.gov.

Is a change of address included on this form? ☐ Yes ☐ No	
Effective date (mm/yy) to begin the recurring withdrawals	**NOTE:** All withdrawals occur on the 25th of each month. MET must receive your request at least five business days prior to the effective date or the change will be effective for the following month.

TYPE OF APPLICATION (select one only)

☐ **NEW —** Select if establishing recurring ACH contributions.

☐ **CHANGE —** Select if changing financial institution, account number, type of account, etc.

☐ **CANCEL —** Select if you want to cancel recurring ACH contributions.

PURCHASER INFORMATION

Name of Purchaser	Last four digits of SSN	MET Contract Number	Name of Beneficiary

Street Address	City	State	ZIP Code	Telephone Number

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution	Account Ownership ☐ Personal ☐ Business

Account Number	Routing Transit Number (9 digits) *	Account Type ☐ Checking ☐ Savings	Amount

* Contact your financial institution for the routing transit number, if not already known.

AUTHORIZATION

I authorize the State of Michigan, Michigan Education Trust (MET) to make withdrawals by electronic transfer from the designated financial institution and account identified above. The withdrawal will take place beginning the 25th day of the month I specified above until the contract is paid in full or until I cancel my authorization. If the 25th is a State holiday or Sunday the withdrawal will take place on the next business day.

I authorize MET to return money that was withdrawn from my account in error by electronically adjusting my account. I understand I will be notified by MET if adjustments are made.

It is my responsibility to complete a new Automated Clearing House Authorization form and mail it to the address below if I change financial institutions or account numbers or wish to cancel my authorization. I will not close my old account until payments have been successfully withdrawn from the new account. I understand I may cancel my authorization at any time. I must allow a minimum of five business days for the change or cancellation to take effect.

I agree to comply with National Automated Clearing House Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic fund transactions authorized by this agreement in all respects except as otherwise superseded by federal law.

Please note that you are ineligible to pay by ACH if the bank account identified above is funded or otherwise associated with a foreign bank account to the extent that the payment transaction would qualify as an International ACH Transaction (IAT) under the NACHA rules. Money market accounts are not eligible for ACH withdrawals.

Printed Name of Authorizing Party	Authorization Signature	Date

MAIL COMPLETED FORM TO:
Michigan Education Trust
PO Box 30198
Lansing MI 48909

Fax: 517-763-0124
Email: TreasMET@Michigan.gov