Change of Bank Account Information

I hereby certify that I am authorized by the Educational Institution listed below, and am empowered to change bank account information for the TELF Account(s) as stated.

_____ _____

Name of Educational Institution **Phone**

TELF Account Name(s) _____

Name and Address of Local Depository for Funds Transfer_____

_____

_____

Local Depository Account Number _____

Checking ☐ Savings ☐

(For your protection, each TELF Account may access only one depository account.)

Local Depository ABA Routing Number: _____

(This can be obtained from the bottom of a blank check or by calling your depository.)

I authorize The Education Liquidity Fund (TELF) to change bank account information as stated above. (Two signatures required.)

By: _____
Authorized Signature

_____
Printed Name

_____
Official Title

_____
Date

By: _____
Authorized Signature

_____
Printed Name

_____
Official Title

_____
Date

Mail this completed form to:
TELF Administrator
1415 28th Street, Suite 200
West Des Moines, IA 50266-1461

If you have questions, call a TELF Administrator at 866-720-2995.