

Married Joint Filing Preapproval Form

Year :

Participant Name

SSN/Tax ID

Address

City

State

Zip Code

Email

Phone

Spouse Name

SSN/Tax ID

Intended contribution amount (see limits below):

Max limit: \$2500

Designate donation to the following schools

Please specify each school name and the donation amount in a separate line.

By signing this form, I authorize **Georgia Tuition Aid Providers, Inc.** to E-file preapproval on my behalf.

Applicant Name:

Applicant's Signature

Date