

Payroll Authorization Form

Complete this form to authorize your employer to transfer funds each pay period into your CollegeChoice CD 529 Savings Plan (CollegeChoice CD) Account. Return the completed form to the address listed below and we will submit your request to your employer. Please note that some employers do not offer this service. Forms can be downloaded from our website at www.collegechoicecd.com, or you can call us to order any form—or request assistance in completing this form—at **1-888-913-2885**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern Time.

NOTE: If you have not established an account, you must complete and enclose an Enrollment Form.

Make checks and electronic transfers payable to: **CollegeChoice CD Plan, CSB as Manager (TRN/ABA #311973208)**
Mail or Fax this form and any other required documents to:
• **Mail - College Savings Bank, 2515 McKinney Ave, Suite 1100, Dallas, TX 75201**
• **Fax - 214.481.1289 ATTN: Operations**

1. Account Owner Information

First Name	M.I.	Last Name
Social Security Number or Tax Payer Identification Number (required)		Daytime Phone

**Indiana State Government employees proceed to Section 3.*

2. Non-Indiana State Government Employer Information (To be completed by Employer)

Company Name			
Employer Address	City	State	Zip Code
H.R./Payroll Dept. Contact Name		H.R./Payroll Dept. Email	
Daytime Phone		Deduction Start Date	

**Proceed to Section 4.*

3. Indiana State Government Employer Information (To be completed by Employees of IN State Government)

Check Appropriate Box:

- Establish payroll deduction for the first time
 Change payroll deduction amount
 Stop payroll deduction

Name of Indiana State Government Entity			
Employer Address	City	State	Zip Code

**Proceed to Section 4.*

4. Account(s) to Fund

Automatic payroll deductions require a \$25 minimum investment per pay period.

Apply towards an EXISTING CD or Savings Account. Minimum of \$25.

Account Owner First Name			MI	Last Name	
<input type="checkbox"/> 1-Year Fixed Rate CD				\$	
	Account Number			Amount	
<input type="checkbox"/> 2-Year Fixed Rate CD				\$	
	Account Number			Amount	
<input type="checkbox"/> 3-Year Fixed Rate CD				\$	
	Account Number			Amount	
<input type="checkbox"/> CollegeSure® Honors Savings Account				\$	
	Account Number			Amount	

5. Signature (Required for Processing.)

I authorize my employer to transfer the stated amount each pay period into my CollegeChoice CD 529 Savings Plan Account. This authority will remain in effect until I give written notice to my employer that I want it changed or terminated. If funds to which I am not entitled are deposited into my Account I authorize my employer to direct CollegeChoice CD to return said funds. I certify that I have read and understand, consent and agree to all the terms and conditions of the CollegeChoice CD Disclosure Statement and understand the rules and regulations governing CollegeChoice CD.

Signature of Contributor (required)	Date
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