

Payroll Deduction Authorization Form

CollegeCountsSM
Alabama's 529 Fund

PO Box 85290, Lincoln, NE 68501-5290

Employee Steps

1. Complete all four sections below.
2. If you already have a CollegeCounts 529 Fund Account(s) established, reference the Account number(s) in Section 3. Return this form to your payroll department.
3. If you have not opened a CollegeCounts 529 Fund Account, please complete an Enrollment Form along with this form and mail both to the CollegeCounts 529 Fund.

Employer Steps

1. Update your payroll records. Keep a copy of this authorization.
2. Fax this form to the CollegeCounts 529 Fund at 402.323.1053.
3. Begin withholding as directed in Section 3.
4. The CollegeCounts 529 Fund will contact you regarding remittance and contribution methods.

1 Account Owner Information (Employee)

First Name	M.I.	Last Name	Phone
Mailing Address		City, State, ZIP	
Contributor Name (if not the Account Owner)		Account Owner E-mail Address	

2 Employer Information

Company or Agency Name		
Mailing Address		City, State, ZIP
Payroll Contact Name	Payroll Contact Phone	E-Mail Address

3 Payroll Deduction Information

Total Requested Deduction: \$ _____ (per pay period) Requested Start Date: _____ (check with your employer)

I request that the above deduction be deposited to the following account(s):

<u>Beneficiary Name</u>	<u>CollegeCounts 529 Fund Account Number</u>	<u>Deposit Amount</u>
_____	- - _____	\$ _____
_____	- - _____	\$ _____
_____	- - _____	\$ _____

4 Authorization

I hereby authorize payroll deduction and acknowledge that this deduction will continue until I notify my employer in writing to change or stop the deduction.

X
Signature of Employee / Contributor

Date