

If you have questions, please call us at **(866) 529-2228**, Monday-Friday, 7:30 a.m. to 6 p.m. (Central).

## 1. I Would Like to Use this Form to:

- Start Payroll Deductions
- Change the Contribution Amount
- Stop Payroll Deductions

### Employee Steps

1. Complete all four sections below.
2. Provide your CollegeCounts Account number(s) in Section 4. If you do not have a CollegeCounts Account, please complete an Enrollment Form and mail both forms to CollegeCounts.

### Employer Steps

1. Enter this withholding into your payroll system.
2. Fax this form to CollegeCounts at (402) 323-1053. Keep a copy of this Form in your files.
3. Begin withholding as directed in Section 4.
4. CollegeCounts will contact you regarding contribution and remittance methods.

## 2. Account Owner Information

Account Owner Legal Name (First, M.I., Last): \_\_\_\_\_

Account Owner Street Address (no P.O. Boxes): \_\_\_\_\_

Account Owner City, State, Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contributor Name (if different than the CollegeCounts Account Owner): \_\_\_\_\_

## 3. Employer Information

Company or Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Payroll Contact Name: \_\_\_\_\_

Payroll Contact Phone Number: \_\_\_\_\_

Payroll Contact Email Address: \_\_\_\_\_

## 4. Payroll Deduction Information

TOTAL Requested Payroll Deduction (per pay period): \$ \_\_\_\_\_

Requested Start Date (check with your employer): \_\_\_\_\_

I request that the above deduction be deposited into the following CollegeCounts Account(s):

Beneficiary Name	CollegeCounts Account Number	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## 5. Authorization

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

### Signature and Date Required

X

\_\_\_\_\_  
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title (if other than an individual)



Offered by the  
State of Alabama

**Northern Trust  
Securities, Inc.**  
Distributor

UBT 529 Services a Division of  
**UNION BANK  
& TRUST COMPANY**  
Program Manager