

# Payroll Direct Deposit Form

**Return This Form to:**

CollegeCounts  
529 Fund  
P.O. Box 85290  
Lincoln, NE 68501

**Overnight Mail:**

CollegeCounts 529 Fund  
1248 O Street,  
Suite 200  
Lincoln, NE 68508

If you have questions, please call us at 866.529.2228, Monday–Friday, 7 a.m. to 6 p.m. (Central).

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

- Start Payroll Direct Deposit
- Change the Contribution Amount

### 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: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

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

Payroll Contact Fax Number: \_\_\_\_\_

## 4. Payroll Contribution Information

Amount of Payroll Direct Deposit (per pay period): \$ \_\_\_\_\_

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

I request that the above deduction be deposited into the following CollegeCounts Account(s) **(must total 100%, only whole percentages allowed)**:

Beneficiary Name	CollegeCounts Account Number	Percentage
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%

## 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 contribution.

I acknowledge that, if this form is electronically signed, my electronic signature will have the same legal validity and enforceability as a manually executed signature or handwritten signature to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act or any similar state law based on the Uniform Electronic Transactions Act. I acknowledge that any electronic signature must be a certificate-based digital signature, and that any electronically signed form must be accompanied by a digital signature certificate or a digital signature audit trail containing, at a minimum, information regarding the date and time the electronic signature was executed, as well as the following personally identifying information of each signer: the signer's legal name, email address, and internet protocol address. I understand that this form may not be signed using Adobe Acrobat Reader's "Fill & Sign" and "Adobe Sign" features or any other electronic signature method that does not produce an acceptable certificate-based digital signature.

### 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 Lights Distributors, LLC  
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**ULTIMUS**  
FUND SOLUTIONS  
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UBT 529 Services a Division of  
**UBT**  
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