

Payroll Deduction Authorization Form



www.PlanForCollegeNow.com
(888) 993-3746
P.O. Box 82644
Lincoln, NE 68501-9542

Employee Steps

1. Complete all 4 Sections below.
2. If you already have a College Savings Plan of Nebraska 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 College Savings Plan of Nebraska account, please complete an Enrollment Form along with this Form and mail both to: College Savings Plan of Nebraska (PO Box 82644, Lincoln, NE 68501).

Employer Steps

1. Update your payroll records. Keep a copy of this authorization.
2. Fax this form to the College Savings Plan of Nebraska at (402) 323 – 1053.

1. ACCOUNT OWNER INFORMATION (Employee)

First Name	MI	Last Name	Daytime Telephone
Mailing Address		City, State, ZIP	
Contributor Name (if not the account owner)		Account Owner Email Address	

2. EMPLOYER INFORMATION

Company or Agency Name		
Mailing Address		City, State, ZIP
Payroll Contact Name	Payroll Contact Telephone	Email Address

3. PAYROLL DEDUCTION INFORMATION

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

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

Beneficiary Name(s)	College Savings Plan of Nebraska 9-digit Account #	Deposit Amount
_____	- -	\$ _____
_____	- -	\$ _____
_____	- -	\$ _____

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