



# College Savings Bank Payroll Authorization Form

Make checks and electronic transfers payable to:

**AFCSP, CSB as Manager**  
**TBA/ABA #2312-7588-2**

call, e-mail or log on for assistance:

1-800-888-2723

arizona@collegesavings.com

http://arizona.collegesavings.com

Mail to:

College Savings Bank  
PO Box 3769  
Princeton, NJ 08543

Complete this form to authorize your employer to transfer funds each pay period into the Arizona Family College Savings Program. Return the completed form to College Savings Bank and we will present your request to your employer. Please note that some employers do not offer this service.

## Company Information:

Employee Name

Telephone No. Employee ID #

Company Name

Company Address

City State Zip Code

Payroll Department Contact Telephone No.

Payroll Department Contact E-mail

Employee Signature Date

## College Savings Bank Information:

Account Owner's First Name MI Last Name

Select all account types that apply:

|   |
|---|
| <input type="checkbox"/> CollegeSure CD   |
| Account Number (if new account, this will be completed by College Savings Bank) |
| Total Amount Drawn Per Pay Period: \$ (minimum \$25)                            |
| <input type="checkbox"/> InvestorSure CD  |
| Account Number (if new account, this will be completed by College Savings Bank) |
| Total Amount Drawn Per Pay Period: \$ (minimum \$100)                           |
| <input type="checkbox"/> 1-year Fixed Rate CD                                   |
| Account Number (if new account, this will be completed by College Savings Bank) |
| Total Amount Drawn Per Pay Period: \$ (minimum \$100)                           |
| <input type="checkbox"/> 3-year Fixed Rate CD                                   |
| Account Number (if new account, this will be completed by College Savings Bank) |
| Total Amount Drawn Per Pay Period: \$ (minimum \$100)                           |

## Authorization Agreement:

I authorize my employer to transfer the stated amount each payday into the Arizona Family College Savings Program (AFCSP), College Savings Bank as Program Manager. 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 the AFCSP to return said funds.

Start Date: Month Day Year