

CollegeChoice CD 529 Savings Plan Payroll Authorization Form



Complete this form to authorize your employer to transfer funds each pay period into your CollegeChoice CD 529 Savings Plan (CollegeChoice CD) Account. Return the completed form to the address listed below and we will submit your request to your employer. Please note that some employers do not offer this service. Forms can be downloaded from our website at www.collegechoicecd.com, or you can call us to order any form—or request assistance in completing this form—at **1.888.913.2885**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern time.

Make checks and electronic transfers payable to: **CollegeChoice CD Plan, CSB as Manager (TRN/ABA #2312-7588-2)**

Return this form and any other required documents to:

<p>CollegeChoice CD 529 Savings Plan c/o College Savings Bank PO Box 3769 Princeton, NJ 08543</p>	<p>For overnight or registered mail, send to:</p> <p>CollegeChoice CD 529 Savings Plan c/o College Savings Bank 5 Vaughn Drive, Suite 100 Princeton, NJ 08540</p>
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1. Company Information

Employee Name	Employee ID#	Telephone Number
Company Name		
Company Address	City	State Zip Code
Payroll Dept. Contact Name	Payroll Dept. Email	Payroll Dept. Telephone Number
Employee Signature	Start Date	

2. Account(s) to Fund (For all new Accounts, the Account Number will be assigned by CollegeChoice CD.)

Account Owner First Name	MI	Last Name
<input type="checkbox"/> CollegeChoice CollegeSure® CD		\$
	Account Number	Amount (minimum \$25)
<input type="checkbox"/> CollegeChoice InvestorSure® CD		\$
	Account Number	Amount (minimum \$25)
<input type="checkbox"/> CollegeChoice 1-Year Fixed Rate CD		\$
	Account Number	Amount (minimum \$25)
<input type="checkbox"/> CollegeChoice 3-Year Fixed Rate CD		\$
	Account Number	Amount (minimum \$25)

3. Signature

I authorize my employer to transfer the stated amount each pay period into my CollegeChoice CD Account. 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 CollegeChoice CD to return said funds. I certify that I have read and understand, consent and agree to all the terms and conditions of the CollegeChoice CD Disclosure Statement and understand the rules and regulations governing CollegeChoice CD.

Signature of Account Owner or Custodian	Start Date