P.O. Box 219944
Kansas City, MO 64121-9944

Employer Contribution Letter of Intent

Date

Dear IDeal – Idaho College Savings Program:

Please deposit the enclosed Check # _____ in the amount of $ _____ as detailed in the accompanying roster of individual account instructions.
Check # Check Amount

These contributions are being made by, _____, the IDeal – Idaho College Savings Program participants' employer and should each be coded as an "Employer Match Contribution" for recordkeeping purposes.
Employer Name

If you have any questions, please contact me at the phone number below.

Sincerely,

[Representative Name]

[Employer]

[Phone Number]

Enclosure(s)

Check

Contribution Roster

Please note: this form is to properly identify employer contributions that will be deposited into your employee's account. This is not to be used to identify employee contributions for a standard payroll direct deposit.