

MOST—Missouri’s 529 Education Plan

Payroll Direct Deposit Form



- Complete this form to establish, change, or delete payroll deduction instructions on your existing plan accounts. You may also provide your payroll direct deposit instructions online at www.missourimost.org.
- After we process this form, you will receive a confirmation statement, which you must sign and submit to your employer’s payroll department. Your payroll deduction instructions will not take effect until your employer has accepted your signed confirmation. You can receive this confirmation immediately by accessing your account online.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at www.missourimost.org. Or you can call us toll-free to order any form at **888-414-MOST** (888-414-6678) on business days from 7 a.m. to 8 p.m., Central time. Return this form in the enclosed postage-paid envelope, or mail to **MOST—Missouri’s 529 Education Plan, P.O. Box 219212, Kansas City, MO 64121-9212**. For overnight delivery or registered mail, send to **MOST—Missouri’s 529 Education Plan, 1001 E 101st Terrace, Suite 200, Kansas City, MO 64131**.

1. Account Owner Information

Account Number

Last Four Digits of Social Security Number or Individual Taxpayer ID Number

Name of Account Owner *(first, middle initial, last)*

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Daytime Telephone Number

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Evening Telephone Number

2. Employer Information

Name of Employer

Mailing Address

City

State

Zip

Payroll Department Contact Name

Telephone Number

Extension *(if any)*

REMEMBER TO SIGN IN SECTION 4.



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3. Payroll Direct Deposit Instructions

If your employer submits your direct deposit by check or electronic bank transfer, your contributions will not be available for withdrawal for seven calendar days.

Check one: Start payroll direct deposits. Change amount. Stop payroll direct deposits.
 (Skip to **Section 4.**)

Deduct \$ from my paycheck each pay period and allocate the amount among my MOST 529 accounts as indicated below.

Important: You must allocate a minimum of \$15 to each account per pay period. Please use an additional sheet if you have more than four accounts.

<input type="text"/>		\$	<input type="text"/>		<input type="text" value="00"/>
Account Number			Dollar Amount		
<input type="text"/>					

Name of Beneficiary (first, middle initial, last)

<input type="text"/>		\$	<input type="text"/>		<input type="text" value="00"/>
Account Number			Dollar Amount		
<input type="text"/>					

Name of Beneficiary (first, middle initial, last)

<input type="text"/>		\$	<input type="text"/>		<input type="text" value="00"/>
Account Number			Dollar Amount		
<input type="text"/>					

Name of Beneficiary (first, middle initial, last)

<input type="text"/>		\$	<input type="text"/>		<input type="text" value="00"/>
Account Number			Dollar Amount		
<input type="text"/>					

Name of Beneficiary (first, middle initial, last)

4. Signature—YOU MUST SIGN BELOW

I certify that I have read the Program Description, Privacy Policy, and Participation Agreement and understand the rules and regulations governing MOST—Missouri’s 529 Education Plan.

<input type="text"/>		<input type="text"/>		<input type="text"/>	
Signature of Account Owner				Date (month, day, year)	