Achieve Montana

Payroll Deduction Form

Achieve Montana

Return this form and any other required documents to:



- Complete this form to start, change, or stop payroll deduction instructions on your existing Achieve Montana Account(s). You may also provide your payroll deduction instructions when you log on to our website at **achievemontana.com**. (If you have not opened an Account, you must also complete and enclose an **Enrollment Form**.)
- After we process this form, you will receive a Payroll Deduction Confirmation Form, 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 form.

Phone Number: 1.877.486.9271

Hours: 7 a.m. to 6 p.m. Mountain Time

• Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at **achievemontana.com**, or you can call us to order any form—or request assistance in completing this form—at **1.877.486.9271** any business day from 7 a.m. to 6 p.m. Mountain Time.

P.O. Box 219448 Kansas City, MO 64121-9448	Monday Website: achie	through Friday vemontana.com
Account Owner information		
Name of Account Owner (first, middle initial, last)		
Name of Joint Account Owner (If applicable)		
Telephone Number (In case we have a question about your Account.)		
Employer information		
Name of Employer		
Address		
City	State Zip	0 Code



3. Payroll Deduction instructions

Check one: Start Payroll Deductions	Change Amount	Stop Payroll Deductions (Skip to Section 4)	
Deduct \$, 0 0 from my paycheck Accounts as detailed below.	each pay period and allocate the	amount among my Achieve Montana	
Important: You must allocate a minimum of \$15 to each A four Accounts.	Account per pay period. Please us	e an additional sheet if you have more than	
Account Number		\$, 0 0 Dollar Amount	
Name of Beneficiary (first, middle initial, last)			
Account Number		\$,	
Name of Beneficiary (first, middle initial, last)			
Account Number		\$,	
Name of Beneficiary (first, middle initial, last)			
Account Number		\$, 0 0 Dollar Amount	
Name of Beneficiary (first, middle initial, last)			
Signature — YOU MUST SIGN BELOW			
I certify that I have read and understand, consent, and agree to all the terms and conditions of the Achieve Montana Program Description and understand the rules and regulations governing Achieve Montana.			
SIGNATURE Signature of Account Owner			

