## College SAVE Plan Payroll Direct Deposit Form

## College SAVE<sup>™</sup>

Bank of North Dakota's 529 Plan

- Print clearly, preferably in capital letters and black ink.
- Complete this form to start, change, or stop payroll deduction instructions on your existing College SAVE account(s). You may also provide your payroll deduction instructions when you log on to our website at **www.collegesave4u.com**.
- 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.

Forms can be downloaded from our website at **www.collegesave4u.com**, or you can call us to order any form – or request assistance in completing this form at **1.866.SAVE.529 (866.728.3529)** any business day from 8 a.m. to 8 p.m. ET.

Return this form to: College SAVE P.O. Box 219781 Kansas City, MO 64121-9781 For overnight delivery or registered mail, send to: College SAVE 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131





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ame of Employer	
ldress	
γ	State Zip
yroll Department Contact Name	Telephone Number Extension ( <i>if an</i> )
heck one.) Start payroll deductions.	Change amount. Stop payroll deductions. (Skip to Section 4.)
<b>3</b> Payroll Deduction Instructions	
	Change amount. Stop payron deductions. (Skip to Section 4.)
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<b>portant:</b> You must allocate a minimum of \$12.50 to ea	
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<b>nportant:</b> You must allocate a minimum of \$12.50 to ea	ach account.          Name of Designated Beneficiary (first, middle, last)       Dollar Amount         \$       \$
<b>nportant:</b> You must allocate a minimum of \$12.50 to ea	ach account.          Name of Designated Beneficiary (first, middle, last)       Dollar Amount         \$       \$
<b>nportant:</b> You must allocate a minimum of \$12.50 to ea	ach account.   Name of Designated Beneficiary (first, middle, last) Dollar Amount   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$
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nportant: You must allocate a minimum of \$12.50 to eacount Number	ach account.   Name of Designated Beneficiary (first, middle, last) Dollar Amount   \$ \$
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mportant: You must allocate a minimum of \$12.50 to each or second Number	ach account.   Name of Designated Beneficiary (first, middle, last) Dollar Amount   \$ \$

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Signature of Participant







