




# The NY ABLE Plan Payroll Direct Deposit

- Use this form to start, change, or stop payroll direct deposit instructions on your existing NY ABLE Savings Program (NY ABLE) account. You may also provide your payroll direct deposit instructions when you log on to our website at **www. MyNYABLE. org**. *(If you have not established an account, you must also enroll online or complete and enclose an **Enrollment Form**.)*
- After this form is processed you will receive a **Payroll Direct Deposit Confirmation Form**, which you must sign and submit to your employer's payroll department. Your payroll direct deposit instructions will not take effect until your employer has accepted your signed form.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan.

Forms can be downloaded from our website at **www. MyNYABLE. org**, or you can call us to order any form — or request assistance in completing this form — at **855. 5NY. ABLE (855. 569. 2253)** any business day from 8 a.m. to 8 p.m. ET.

 **855.5NY.ABLE (855.569.2253)**  
8 a.m. to 8 p.m. ET M-F  
**New York State Relay System:**  
**711 or 800-662-1220**

 **www.MyNYABLE.org**

 **clientservices@mynyable.org**

Regular mailing address:

**NY ABLE**  
**P.O. Box 55087**  
**Boston, MA 02205**

Overnight mailing address:

**NY ABLE**  
**95 Wells Ave, Suite 155**  
**Newton, MA 02459**

## 1. Account Owner information

Account Number

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

Telephone Number

## 2. Employer information

Name of Employer

Address

City

State

Zip Code

Payroll Department Contact Name

Telephone Number

Extension *(if any)*



### 3. Payroll Direct Deposit instructions

Check one:  Start Payroll Direct Deposits       Change Amount       Stop Payroll Direct Deposits  
*(Skip to **Section 4**)*

Deduct \$       from my paycheck each pay period and contribute to my NY ABLE account.

### 4. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the NY ABLE Disclosure Booklet and Participant Agreement and understand the rules and regulations governing NY ABLE. Further, I understand that neither NY ABLE, nor their agents or affiliates are responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately process my contributions via payroll direct deposit.

Signature of Account Owner or Authorized Individual

—   —      
 Date (mm/dd/yyyy)

Signature of Co-Guardian or Co-Conservator *(Only if applicable)*

—   —      
 Date (mm/dd/yyyy)