DO NOT STAPLE



Colorado ABLE

Payroll Direct Deposit

- Use this form to start, change, or stop payroll direct deposit instructions on your existing Colorado ABLE Account. You may also provide your payroll direct deposit instructions when you log on to our website at coloradoable.org. (If you have not established an Account, you must also 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. Do not staple.

Forms can be downloaded from our website at **coloradoable.org**, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.3468** any business day from 8 a.m. to 5 p.m. MT.

1.888.609.3468 8 a.m. to 5 p.m. MT M-F
coloradoable.org
Clientservice@coableonline.com
Regular mailing address: Colorado ABLE P.O. Box 219431 Kansas City, MO 64121
Overnight mailing address: Colorado ABLE 1001 F 101st Terrace Suite 200

Kansas City, MO 64131

Account Ow	ner in	form	atio	n													
Account Number					_												
Name of Account Ov	wner (first,	middle] [] e initia	[][
Telephone Number			_														
Employer inf	ormat	ion															
	ormat	ion															
Employer inf Name of Employer Address	format	ion															
Name of Employer	format	ion								[Zip Co	[-	



3.	Payroll Direct Deposit instructions	
	Check one: Start Payroll Direct Deposits Change Ar	mount Stop Payroll Direct Deposits (Skip to Section 4)
	Deduct \$, from my paycheck each pay period and c	ontribute to my Colorado ABLE Account.
4.	Signature — YOU MUST SIGN BELOW	
	I certify that I have read and understand, consent, and agree to all the terms a Booklet and understand the rules and regulations governing Colorado ABLE. Fagents or affiliates are responsible for any claims I may make and/or losses reprocess my contributions via payroll direct deposit.	urther, I understand that neither Colorado ABLE, or their
	SIGNATURE	
	Signature of Account Owner or Authorized Individual	Date (mm/dd/yyyy)
	SIGNATURE	
	Signature of Additional Authorized Individual (Only if applicable)	Date (mm/dd/yyyy)