

Scholar's Edge® Payroll Direct Deposit Form



- Use this form to start, change, or stop payroll direct deposit instructions on your existing **Scholar's Edge** account(s). You may also provide your payroll direct deposit instructions when you log on to our website at **scholarsedge529.com**. *(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 processed your signed form.
- 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 listed. Do not staple.

Forms can be downloaded from our website at **scholarsedge529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.866.529.SAVE (1.866.529.7283)**, Monday through Friday 8:00 a.m. to 7:00 p.m. MT.

1.866.529.SAVE (1.866.529.7283)
Monday through Friday
8:00 a.m. to 7:00 p.m. MT

scholarsedge529.com

617-559-8951

Regular mailing address:
Scholar's Edge
PO Box 219798
Kansas City, MO 64121-9798

Overnight mailing address:
Scholar's Edge
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1 Account Owner Information

Account Number

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

Telephone Number *(In case we have a question about your Account.)*

2 Employer Information

Name of Employer

Address

City

State

Zip Code

Payroll Department Contact Name

Telephone Number

Extension *(if any)*



