



ABLE TN Payroll Direct Deposit

- Use this form to start, change, or stop payroll direct deposit instructions on your existing ABLE TN Account. You may also provide your payroll direct deposit instructions when you log on to our website at **AbleTN.gov**. *(If you have not established an account, you must also complete and enclose an **Enrollment Application**.)*
- 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 **AbleTN.gov**, or you can call us to order any form — or request assistance in completing this form — at **855.922.5386** any business day from 8:00 a.m. to 4:30 p.m. CT.

855.922.5386
8:00 a.m. to 4:30 p.m. CT M-F

AbleTN.gov

ABLE.TN@tn.gov

Regular mailing address:
ABLE TN
P.O. Box 55599
Boston, MA 02205-5599

Overnight mailing address:
ABLE TN
95 Wells Ave, Suite 155
Newton, MA 02459-3204

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*)

Important: Check here if you are an employee of the State of Tennessee.



* A B L E T N P A Y R O L L D E P O S I T *

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 ABLÉ TN 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 ABLÉ TN Disclosure Brochure and understand the rules and regulations governing ABLÉ TN. Further, I understand that neither ABLÉ TN, or 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

Signature of Account Owner, Authorized Individual, or Authorized Agent with Level 2 Authorization or greater

— —

Date (mm/dd/yyyy)

SIGNATURE

Signature of co-authorized individual or co-conservator *(Only if applicable)*

— —

Date (mm/dd/yyyy)