

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 Arkansas ABL 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 Arkansas ABL Disclosure Documents and understand the rules and regulations governing Arkansas ABL. Further, I understand that neither Arkansas ABL, 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 or Authorized Individual

— —

Date (mm/dd/yyyy)

SIGNATURE

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

— —

Date (mm/dd/yyyy)