AR ABLE
Achieving a Better Life Experience

Arkansas ABLE

Payroll Direct Deposit

- Use this form to start, change the amount of, or stop payroll direct deposit instructions on an existing Arkansas ABLE Account. You may also provide payroll direct deposit instructions when you log on to our website at **arkansasable.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. Payroll direct deposit instructions will not take effect until your employer has accepted the signed form.
- The Plan Disclosure Booklet contains important information about payroll direct deposit.
- Capitalized terms used in this form but not defined in this form, have the meanings provided in the Plan Disclosure Booklet.
- Type or print clearly, printing in capital letters and black ink. Please mail or fax the form to the Plan. Do not staple.

Forms can be downloaded from our website at **arkansasable.com**. To request a form — or request assistance in completing this form — call **1.888.609.8874** any business day from 7 a.m. to 4 p.m. CT.

1.888.609.8874
7 a.m. to 4 p.m. CT M-F

FAX 1.617. 559.8937

arkansasable.com

clientservice@arkansasable.com

Regular mailing address:
Arkansas ABLE
P.O. Box 219092
Kansas City, MO 64121

Overnight mailing address:
Arkansas ABLE
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Owner information

☐☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

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Account Owner's Legal First Name (M.I.)

☐☐☐
Account Owner's Legal Last Name

☐☐☐☐
Last 4 Digits of Account Owner's Social Security Number

☐☐☐ – ☐☐☐ – ☐☐☐☐
Telephone Number

2. Employer information

☐☐☐
Name of Employer

☐☐☐
Address

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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 the Arkansas ABLE Account.

4. Signature — YOU MUST SIGN BELOW

- By signing below, I certify that I have read and understand, consent to, and agree to all the terms and conditions of the Plan Disclosure Booklet as currently in effect and understand the rules and regulations as they relate to payroll direct deposit.
- By signing below, I authorize Arkansas ABLE or its designees to start, change the amount of, or stop a payroll direct deposit as indicated in **Section 3**.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner's behalf in making this request.
- All information provided by me on this form is true and correct and may be relied upon by the Plan Administrators.
- I understand that neither the Plan Administrators nor their agents 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.

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Account Owner or Authorized Individual Legal First, Middle and Last Name

SIGNATURE

Signature of Account Owner or Authorized Individual

☐☐ – ☐☐ – ☐☐☐☐

Date (mm/dd/yyyy)