

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 co.savewithable.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 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 **co.savewithable.com**, 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

co.savewithable.com

co.clientservice@savewithable.com

Regular mailing address:

Colorado ABLE P.O. Box 219431 Kansas City, MO 64121

Overnight mailing address:

Colorado ABLE 920 Main Street, Suite 900 Kansas City, MO 64121

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)



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 Colorado ABLE 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 Colorado ABLE Disclosure Doc and understand the rules and regulations governing Colorado ABLE. Further, I understand that neither Colorado ABLE, or their age affiliates are responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately pr 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)			