



# IAble Payroll Direct Deposit

- Use this form to start, change, or stop payroll direct deposit instructions on your existing IAble Account. You may also provide your payroll direct deposit instructions when you log on to our website at **IAble.gov**. *(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 **IAble.gov**, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.8910** any business day from 8 a.m. to 5 p.m. CT.

 **1.888.609.8910**  
8 a.m. to 5 p.m. CT M-F

 **IAble.gov**

 **ia.clientservice@savewithable.com**

Regular mailing address:

**IAble**  
**P.O. Box 219825**  
**Kansas City, MO 64121**

Overnight mailing address:

**IAble**  
**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

## 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 IABLE 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 IABLE Disclosure Documents and understand the rules and regulations governing IABLE. Further, I understand that neither IABLE, 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)