

IL ABLE

Payroll Direct Deposit

- Use this form to start, change, or stop payroll direct deposit instructions on your existing IL ABLE Account. You may also provide your payroll direct deposit instructions when you log on to our website at illinoisable.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 **illinoisable.com**, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.8683** any business day from 8 a.m. to 5 p.m. CT.

	1.888.609.8683		
·U ····	8 a.m. to 5 p.m. CT M-I		

illinoisable.com

il.clientservice@savewithable.com

Regular mailing address:

IL ABLE P.O. Box 219420 Kansas City, MO 64121

Overnight mailing address:

IL ABLE 920 Main Street, Suite 900 Kansas City, MO 64105

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 control	ribute to my IL 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 IL ABLE Disclosure Documents and understand the rules and regulations governing IL ABLE. Further, I understand that neither IL ABLE, 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)	