

If you have questions, please call us at **866.529.2228**,
Monday–Friday, 7 a.m. to 7 p.m. (Central).

1. I Would Like to Use this Form to:

- Start Payroll Contributions
- Change the Contribution Amount
- Stop Payroll Contributions

Employee Steps

1. Complete all four sections below.
2. Provide your CollegeCounts Account number(s) in Section 4. If you do not have a CollegeCounts Account, please complete an Enrollment Form and mail both forms to CollegeCounts.

Employer Steps

1. Enter this withholding into your payroll system.
2. Fax this form to CollegeCounts at (402) 323-1053. Keep a copy of this Form in your files.
3. Begin withholding as directed in Section 4
4. CollegeCounts will contact you regarding contribution and remittance methods.

2. Account Owner Information

Account Owner Legal Name (First, M.I., Last): _____

Account Owner Street Address (no P.O. Boxes): _____

Account Owner City, State, Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Contributor Name (if different than the CollegeCounts Account Owner): _____

3. Employer Information

Company or Agency Name: _____

Street Address: _____

City, State, Zip: _____

Payroll Contact Name: _____

Payroll Contact Phone Number: _____

Payroll Contact Email Address: _____

Payroll Contact Fax Number: _____

4. Payroll Contribution Information

TOTAL Requested Payroll Contribution (per pay period): \$ _____

Requested Start Date (check with your employer): _____

I request that the above contribution be deposited into the following CollegeCounts Account(s) **(must total 100%, only whole percentages allowed)**:

Beneficiary Name	CollegeCounts Account Number	Percentage
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%

5. Authorization

I hereby authorize the ongoing payroll contribution as set forth above and acknowledge that this contribution will continue until I notify my employer in writing to change or stop the contribution.

Signature and Date Required

X _____
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee Date

Print Name Here

Title (if other than an individual)



Offered by the
State of Alabama

UBT 529 Services a Division of

UBT
Union Bank & Trust
Program Manager