



Payroll Authorization Form

Complete this form to authorize your employer to transfer funds each pay period into your Account. Return the completed form to the address listed below and we will submit your request to your employer. Please note that some employers do not offer this service. Forms can be downloaded from our website at www.collegesavings.com, or you can call us to order any form—or request assistance in completing this form—at **1.800.888.2723**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern time.

Make checks payable to: College Savings Bank (TRN/ABA #2312-7588-2)	
Return this form and any other required documents to: College Savings Bank PO Box 3769 Princeton, NJ 08543	For overnight or registered mail, send to: College Savings Bank 5 Vaughn Drive, Suite 100 Princeton, NJ 08540

1. Company Information

Employee Name		Employee ID#	Telephone Number	
Company Name				
Company Address		City	State	Zip Code
Payroll Dept. Contact Name		Payroll Dept. Email	Payroll Dept. Telephone Number	
Employee Signature		Start Date		

2. Account(s) to Fund (For all new Accounts, the Account Number will be assigned by College Savings Bank.)

Account Owner First Name	MI	Last Name
<input type="checkbox"/> CollegeSure® CD	Account Number	Amount (minimum \$25)
<input type="checkbox"/> InvestorSure® CD	Account Number	Amount (minimum \$25)
<input type="checkbox"/> 1-Year Fixed Rate CD	Account Number	Amount (minimum \$25)
<input type="checkbox"/> 3-Year Fixed Rate CD	Account Number	Amount (minimum \$25)

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Clip this receipt along dotted lines and retain for your records.

\$
Deposit Amount
Maturity Date(s)
Date of Check
Check Number

Please do not send cash
For personal assistance contact a Client Service Representative at 800.888.2723



Deposit Slip

Use this Deposit Slip to add to your existing account.

Make checks payable to: **College Savings Bank** (Endorse 3rd party checks and indicate For Deposit Only.)

- For Coverdell ESA contributions, make checks payable to: **College Savings Bank, Custodian for "Beneficiary's Name" Coverdell ESA****
- For IRA contributions, make checks payable to: **College Savings Bank, Custodian for "Your Name" IRA**** (if your ESA or IRA contribution is not for this year please enter the tax year here _____.)

\$	
Deposit Amount (\$250 Minimum)	
Maturity Date(s) of CDs purchased with this deposit:* (\$250 Minimum per Maturity)	
\$ _____ July 31, _____	\$ _____ July 31, _____
\$ _____ July 31, _____	\$ _____ July 31, _____

Mail to: College Savings Bank PO Box 3769 Princeton, NJ 08543

* If you do not designate maturity dates the Bank will use the same maturity dates as specified for your previous CD purchases.
** For transfers or rollovers, please contact us for a special form.
 Check if you have changed account information on reverse side

3. Authorization Agreement

I authorize my employer to transfer the stated amount each pay period into my Account. This authority will remain in effect until I give written notice to my employer that I want it changed or terminated. If funds to which I am not entitled are deposited into my Account I authorize my employer to direct College Savings Bank to return said funds. I certify that I have read and understand, consent and agree to all the terms and conditions of the Disclosure Statement and understand the rules and regulations governing College Savings Bank.

Authorized Signature of Acceptance	Date

Complete this section to make changes to your account information. ▼

Account Information Change/Correction

Print clearly and complete this form to: Correct spelling errors in the name or account, or correct/change your address.

Check all that apply: Account Owner Joint Account Owner Designated Beneficiary Other _____

To change the beneficiary or account owner please contact a Client Service Representative at 800.888.2723.

First Name	MI	Last Name
Street Address		
City	State	Zip Code
Telephone Number	Business Telephone	Email
Physical Address (required if your mail is delivered to a PO Box)		
City	State	Zip Code
Signature of Account Owner		Date
Joint Owner (required on jointly held accounts)		Date