



College Savings Bank Payroll Authorization Form

Make checks and electronic transfers payable to:
MFESP, CSB as Manager
TRN/ABA #2312-7588-2

call, e-mail or log on for assistance:
1-800-888-2723
montana@collegesavings.com
http://montana.collegesavings.com

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

Complete this form to authorize your employer to transfer funds each pay period into the Montana Family Education Savings Program. Return the completed form to College Savings Bank and we will present your request to your employer. Please note that some employers do not offer this service.

Company Information:

Employee Name _____

Telephone No. _____ Employee ID # _____

Company Name _____

Company Address _____

City _____ State _____ Zip Code _____

Payroll Department Contact _____ Telephone No. _____

Payroll Department Contact E-mail _____

Employee Signature _____ Date _____

College Savings Bank Information:

Account Owner's First Name _____ MI _____ Last Name _____

Select all account types that apply:

CollegeSure CD

Account Number (if new account, this will be completed by College Savings Bank) _____

Total Amount Drawn Per Pay Period: \$ _____ (minimum \$25)

InvestorSure CD

Account Number (if new account, this will be completed by College Savings Bank) _____

Total Amount Drawn Per Pay Period: \$ _____ (minimum \$100)

1-year Fixed Rate CD

Account Number (if new account, this will be completed by College Savings Bank) _____

Total Amount Drawn Per Pay Period: \$ _____ (minimum \$100)

3-year Fixed Rate CD

Account Number (if new account, this will be completed by College Savings Bank) _____

Total Amount Drawn Per Pay Period: \$ _____ (minimum \$100)

Authorization Agreement:

I authorize my employer to transfer the stated amount each payday into the Montana Family Education Savings Program (MFESP), College Savings Bank as Program Manager. 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 the MFESP to return said funds.

Start Date: _____

Month Day Year