



College Savings Bank Payroll Authorization Form

Make checks and electronic transfers payable to:

AFCSP, CSB as Manager
TBA/ABA #2312-7588-2

call, e-mail or log on for assistance:

1-800-888-2723

arizona@collegesavings.com

http://arizona.collegesavings.com

Mail to:

College Savings Bank
PO Box 3769
Princeton, NJ 08543

Account Number (completed by College Savings Bank)

Complete this form to authorize your employer to transfer funds each pay period into the Arizona Family College 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 (minimum \$25)
- InvestorSure (minimum \$100)
- Fixed Rate (minimum \$100)
 - 1 Year CD
 - 3 Year CD

\$

Total Amount Drawn Per Pay Period

Start Date

Please indicate each beneficiary's percent of allocation amount below:

Beneficiary #1	% of Allocation	Beneficiary #2	% of Allocation	Beneficiary #3	% of Allocation
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Authorization Agreement: I authorize my employer to transfer the stated amount each payday into the Arizona Family College Savings Program (AFCSP), 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 AFCSP to return said funds.