

Minnesota College Savings Plan Authorization for Automatic Payroll Deduction

Use this form if you want to authorize deductions from your paycheck to be automatically contributed to your Account(s) or to change a prior authorization.

After completing Section I, make a copy for your records, give a copy of the form to your payroll office and send the original form to the Minnesota College Savings Plan. Please review the reverse side of this form for a checklist on completing the Payroll Deduction Authorization. If you have any questions when completing this form, call us **TOLL-FREE at 1-877-EDU 4 MIN (1-877-338-4646), Monday-Friday, 7 a.m. to 7 p.m. CT.**

Check one: Establish for the first time Change Payroll Deduction Amount
 Change Allocation Among Accounts/Investment Options Stop Payroll Deduction

I. TO BE FILLED OUT BY THE EMPLOYEE / ACCOUNT OWNER

First Name Middle Initial Last Name
 Social Security Number - -
 Street Address City State Zip Code
 Home Phone - - Business Phone - -
 Employer Name Employer Payroll Contact Name
 Street Address City State Zip Code
 Employer Payroll Contact Phone - - ext. Effective Date (mm/dd/yy) / /

The minimum contribution per Account per pay period is \$15. Amount Per Pay Period \$.00

* Program Account Number:	Designated Beneficiary Name:	Percentages:
<input type="text"/>	<input type="text"/>	<input type="text"/> .00%
<input type="text"/>	<input type="text"/>	<input type="text"/> .00%
<input type="text"/>	<input type="text"/>	<input type="text"/> .00%
<input type="text"/>	<input type="text"/>	<input type="text"/> .00%
<input type="text"/>	<input type="text"/>	<input type="text"/> .00%
<input type="text"/>	<input type="text"/>	<input type="text"/> .00%
<input type="text"/>	<input type="text"/>	<input type="text"/> .00%
<input type="text"/>	<input type="text"/>	<input type="text"/> .00%
Total Allocation:		100.00%

*** Important Note: If your Minnesota College Savings Plan Account(s) is (are) not already established, you must also attach and submit a completed Participation Agreement.**

Signature of Account Owner Date

II. EMPLOYER ESTABLISHMENT INSTRUCTIONS

When completing the ACH (Automated Clearing House) electronic transfer, **the transmittal must be coded for checking.** Please transmit the funds to State Street Bank & Trust Company.

ABA Number

The Account number is a 17-digit field. The first 8 digits are the Minnesota College Savings Plan DDA Account number. The next 9 digits are the employee's Social Security number without dashes:

DDA Number Social Security Number

Checklist for Account Owner

- Has your employer agreed to offer Payroll Deduction for this Program?
- If you have an Account(s), did you put your **Minnesota College Savings Plan** Account number on the form? If not, did you attach a Participation Agreement(s)?
- Did you list your Employer Name, Employer Payroll Contact Name, Employer Address and Employer Payroll Contact Phone number?
- Do your percentage allocations total 100%? Did you use whole numbers?
- Is your contribution at least \$15 per Account per pay period?
- Did you sign exactly as your name appears on the Account registration?
- Did you complete and return a copy of this form to your employer's payroll office?

After completing Section I, make a copy for your records, give a copy of the form to your payroll officer and send the original form (and Participation Agreement if applicable) in the enclosed business reply envelope. If you do not have a business reply envelope, use a stamped envelope and send to:

Minnesota College Savings Plan
P.O. Box 64028
St. Paul, MN 55164-0028

If you have any questions call **1-877-EDU 4 MIN (1-877-338-4646)**, Monday-Friday, 7 a.m. to 7 p.m. CT.

Checklist for Employer

- Did you use the ABA number 011000028?
- Did you use the correct **Minnesota College Savings Plan** Account number as the first 8 digits of the DDA number - 99054835?
- Did you place the employee's Social Security number on the record directly after the Program Account number as the last 9 digits of the DDA number? Did you remember not to use dashes?
- Did you code the direct deposit for checking (**NOT** savings)?
- Did you check to ensure you are sending a minimum of \$15 per Account per pay period?

If you have any questions call **1-877-EDU 4 MIN (1-877-338-4646)**, Monday-Friday, 7 a.m. to 7 p.m. CT.

PLEASE NOTE: IT TAKES 10 DAYS FROM THE RECEIPT OF THIS FORM BEFORE A PAYROLL DEDUCTION CONTRIBUTION CAN BE ACCEPTED.

Program sponsored by
Minnesota Higher Education
Services Office.



Investment Management/
Program Administrator
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