

# FLORIDA 529 SAVINGS PLAN PAYROLL DEDUCTION AUTHORIZATION FORM



▶ Starting is Believing

**Thank you for requesting payroll deduction for the Florida 529 Savings Plan. Please complete, sign and return this form to your PERSONNEL OFFICE for processing. For assistance, call 1-800-552-GRAD (4723).**

IMPORTANT! Before you request payroll deduction for the Florida 529 Savings Plan, the beneficiary (student) must have an account. This form is not an enrollment application. You may enroll online at [myfloridaprepaid.com](http://myfloridaprepaid.com) or call 1-800-552-GRAD (4723) for assistance. Once your enrollment application has been processed, you will receive a confirmation from the program. To request payroll deduction for the Florida Prepaid College Plan, you must complete a different form.

Company Name

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Employee's Social Security Number

Employee's First/Last Name

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Account Owner's Social Security Number

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Employee's Work Phone Number

Total Contribution Amount      \$  .

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Employee's Home Phone Number

1st Beneficiary's First/Last Name

|  |  |
|--|--|
| Beneficiary's Social Security Number   | Percentage Amount(s)   |
| <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> % |

2nd Beneficiary's First/Last Name

|  |  |
|--|--|
| <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> % |
|--|--|

3rd Beneficiary's First/Last Name

|  |  |
|--|--|
| <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> % |
|--|--|

4th Beneficiary's First/Last Name

|  |  |
|--|--|
| <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> % |
|--|--|

Percentage Must Total      **100%**

Special Instructions: \_\_\_\_\_

**I authorize my employer to deduct from my  biweekly  monthly paychecks the total deduction amount for the Florida 529 Savings Plan account(s) listed above. I understand that I may cancel or change my payroll deduction at any time.**

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN THIS FORM TO YOUR PERSONNEL OFFICE • OFFICE USE ONLY**

Department: \_\_\_\_\_

Date Initiated: \_\_\_\_\_ Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Company Payroll Telephone: \_\_\_\_\_