

# FLORIDA 529 SAVINGS PLAN

## STATE OF FLORIDA 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.

\_\_\_\_\_  
Employee's First/Last Name

□□□□-□□-□□□□□□

Employee's Social Security Number

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employee's Work Phone Number

□□□□-□□-□□□□□□

Account Owner's Social Security Number

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employee's Home Phone Number

\_\_\_\_\_  
Total Contribution Amount

\$ □□□□□.□□

\_\_\_\_\_  
1st Beneficiary's First/Last Name

Beneficiary's Social Security Number  
□□□□-□□-□□□□□□

Percentage Amount(s)  
□□□ %

\_\_\_\_\_  
2nd Beneficiary's First/Last Name

□□□□-□□-□□□□□□

□□□ %

\_\_\_\_\_  
3rd Beneficiary's First/Last Name

□□□□-□□-□□□□□□

□□□ %

\_\_\_\_\_  
4th Beneficiary's First/Last Name

□□□□-□□-□□□□□□

□□□ %

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 • STATE PERSONNEL OFFICE USE ONLY**

Payroll Deduction Code: 0267

\*Effective Warrant Date: \_\_\_\_\_

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

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

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

\*Allow at least two weeks for processing.