



# Florida Prepaid College Plan Payroll Deduction Payment Instructions

The deduction payment for the Florida Prepaid College Plan may be submitted by check or by electronic funds transfer. Using either method, a Payroll Deduction Roster must accompany each payment.

Payment should be submitted after each pay period (paycheck).

For assistance, please call **1-800-552-GRAD (4723)** and ask to speak with our **Payroll Specialist** or e-mail [payrolldeduction@florida529plans.com](mailto:payrolldeduction@florida529plans.com)

## OPTION I – Payment By Check

**STEP 1:** If you submit your payment by check, you must include a paper Payroll Deduction Roster with the payment.

The program will create a Payroll Deduction Roster for you. **The Total Deduction Amount on the roster must match your check amount.** If necessary, mark changes directly on the roster. An updated roster will be provided only as new accounts are added or as changes are made. No other documentation is required.

Or, you may create your own Payroll Deduction Roster. The roster must include, at a minimum, the following information:

Prepaid Plan Account Number(s)	Deduction Amount	Employee SSN
10 digits  XXXXXXXXXX	Up to 6 digits plus 2 decimal points  \$XXXXXX.XX	9 digits  XXX-XX-XXXX

TOTAL

\$XXXXXX.XX

**STEP 2:** Make your check payable to the Florida Prepaid College Plan.

Please include your company name and Federal Tax ID number on the check and the Payroll Deduction Roster.

**STEP 3:** Mail the check and Payroll Deduction Roster to:

Florida Prepaid College Plan  
P.O. Box 31088  
Tampa, FL 33631-3088

**OPTION II – Payment By Electronic Funds Transfer**

- STEP 1:** To submit your payroll deduction payment electronically, you must have at least 50 employees participating. If you have less than 50 employees participating, please refer to Option I.
- STEP 2:** An electronic Payroll Deduction Roster must be submitted with each payment according to the following text file layout. All fields are required:

Field Name	Field Length	Field Form
Payment - Source Code	2	"SS"
Employer Tax ID	9	Numeric
Prepaid Account Number	10	Numeric - Enter blank if account # unknown
Filler	2	Spaces
Payment Amount	8	Numeric (666666.66)
Employee Social Security Number	9	Numeric
Payroll Cycle End Date	8	Numeric "YYYYMMDD"
Filler	32	Blank

- STEP 3:** Name the file with your employer name and text extension. **Example:** NameofCompany.txt
- STEP 4:** E-mail the Payroll Deduction Roster to: payrolldeduction@florida529plans.com
- STEP 5:** Send your electronic funds transfer to:

**Bank Name:** Wachovia  
**ABA Routing Number:** 063000021  
**Bank Account Number:** 2000001984204  
**Memo Field 1:** Company Name  
**Type of Account:** Checking