

New York's 529 College Savings Program

INSTRUCTIONS:

PLEASE NOTE THAT YOU MUST PRESENT A COPY OF NEW YORK'S 529 COLLEGE SAVINGS PROGRAM PAYROLL DEDUCTION CONTINUATION OR AUTHORIZATION FORM.

THIS FORM IS TO BE USED BY ALL CITY OF NEW YORK EMPLOYEES WHO ELECT TO CONTRIBUTE TO NEW YORK'S 529 COLLEGE SAVINGS PROGRAM THROUGH PAYROLL DEDUCTIONS.

DEDUCTION ACTION (Check one only)	<input type="checkbox"/> NEW DEDUCTION PLAN (To Initiate the Deduction)	<input type="checkbox"/> CHANGE PAYROLL DEDUCTION AMOUNT (To Increase or Decrease Amount Currently being Deducted)	STOP PAYROLL DEDUCTION
			<input type="checkbox"/> TERMINATE PROGRAM DEDUCTION ENROLLMENT

EMPLOYEE IDENTIFICATION	FIRST	M.I.	LAST
	(PRINT YOUR NAME CLEARLY AND EXACTLY AS IT APPEARS ON YOUR PAYCHECK)		
SOCIAL SECURITY NUMBER			

COLLEGE SAVINGS ACCOUNT NAME:	
COLLEGE SAVINGS ABA NUMBER:	011001234
COLLEGE SAVINGS ACCOUNT NUMBER:	531
ENTER AMOUNT TO BE DEDUCTED PER PAY PERIOD	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A \$15.00 MINIMUM DEDUCTION PER PAY PERIOD, PER INVESTMENT OPTION, PER BENEFICIARY IS REQUIRED.	

EMPLOYEE AUTHORIZATION

I HEREBY AUTHORIZE THE CITY OF NEW YORK TO DEPOSIT MY PAYROLL DEDUCTION AS INDICATED ABOVE INTO MY COLLEGE SAVINGS ACCOUNT AS REQUESTED. I ALSO GRANT AUTHORIZATION FOR THE REVERSAL OF A CREDIT TO MY ACCOUNT IN THE EVENT THE CREDIT WAS MADE IN ERROR, I UNDERSTAND THAT, UNDER THE "NATIONAL AUTOMATED CLEARING HOUSE ASSOCIATION" OPERATING GUIDELINES AND RULES, THE CITY OF NEW YORK CAN ONLY REVERSE THE AMOUNT OF THE INCORRECT DIRECT DEPOSIT.

I UNDERSTAND THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I SUMMIT A NEW REQUEST FOR A CHANGE OR CANCELLATION.

EMPLOYEE SIGNATURE _____ **DATE** _____

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(A/C) ACTION CODE	DOCUMENT #	CD	JSN	PAYROLL #
DEDUCTION CODE 7071	DEDUCTION PLAN 1000	EFFECTIVE DATE	EXPIRATION DATE	
DEDUCTION AMOUNT \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DEDUCTION RATE NA	GOAL AMOUNT NA	NO. OF INSTALLMENTS NA	

I HAVE REVIEWED THE SUPPORTING DOCUMENTATION AND VERIFIED:

- THE EMPLOYEE SUBMITTED A NEW YORK 529 COLLEGE SAVINGS PAYROLL DEDUCTION CONTINUATION FORM.
- AND**
- THE ACCOUNT NAME AND ACCOUNT NUMBER MATCH THE ABOVE FORM.

I certify that the above data was entered into PMS.

PREPARED BY (PLEASE PRINT)	DATE	MONTH	DAY	YEAR	DATE	MONTH	DAY	YEAR
SIGNATURE	TELEPHONE #	SIGNATURE						