



Payroll Deduction Form

Return this Form to:

Bright Start College Savings Program
P.O. Box 85298
Lincoln, NE 68501

Overnight Mail:

Bright Start College Savings Program
1248 O Street, Suite 200
Lincoln, NE 68508

If you have questions, please call us at **877.432.7444**, Monday–Friday, 7 a.m. to 7 p.m. (Central).

1. I Would Like to Use this Form to:

- Start Payroll Deductions
- Change the Contribution Amount
- Stop Payroll Deductions

Employee Steps:

1. Complete all four sections below.
2. Provide your Bright Start Account number(s) in Section 4. If you do not have a Bright Start Account, please complete an Enrollment form and mail both forms to Bright Start.

Employer Steps:

1. Enter this withholding into your payroll system.
2. Fax this form to Bright Start at 402.323.1053. Keep a copy of this Form in your files.
3. Begin withholding as directed in Section 4.
4. Bright Start will contact you regarding contribution and remittance methods.

2. Account Owner Information

Account Owner Legal Name (First, M.I., Last): _____

Account Owner Street Address (no P.O. Boxes): _____

Account Owner City, State, Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Contributor Name (if different than the Bright Start Account Owner): _____

3. Employer Information

Company or Agency Name: _____

Street Address: _____

City, State, Zip: _____

Payroll Contact Name: _____

Payroll Contact Phone Number: _____

Payroll Contact Email Address: _____

Payroll Contact Fax Number: _____

4. Payroll Deduction Information

TOTAL Requested Payroll Deduction (per pay-period): \$ _____

Requested Start Date (check with your employer): _____

I request that the above deduction be deposited into the following Bright Start Account(s) **(must total 100%, only whole percentages allowed)**:

Beneficiary Name	Plan Account Number	Percentage
		%
		%
		%
		%

5. Authorization

I hereby authorize the ongoing payroll deduction as set forth above and acknowledge that this deduction will continue until I notify my employer in writing to change or stop the deduction.

Signature and Date Required

X _____
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee Date

Print Name Here

Title (if other than an individual)

 **Michael W. Frerichs**
ILLINOIS STATE TREASURER
Trustee & Administrator

UBT
Union Bank & Trust
Program Manager