



# 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  
6811 South 27th Street  
Lincoln, NE 68512

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 PO 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Payroll Contact Name: \_\_\_\_\_

Payroll Contact Phone Number: \_\_\_\_\_

Payroll Contact Email Address: \_\_\_\_\_

## 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):

Beneficiary Name	Bright Start Account Number	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## 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

\_\_\_\_\_  
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