



# Payroll Deduction Form

**Return this Form to:**

Bright Directions College Savings Program  
P.O. Box 82623  
Lincoln, NE 68501

**Overnight Mail:**

Bright Directions College Savings Program  
3606 South 48th Street  
Lincoln, NE 68506

If you have questions, please call us at **866.722.7283**, 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 Directions Account number(s) in Section 4. If you do not have a Bright Directions Account, please complete an Enrollment form and mail both forms to Bright Directions.

### Employer Steps

1. Enter this withholding into your payroll system.
2. Fax this form to Bright Directions at 402.323.1053. Keep a copy of this Form in your files.
3. Begin withholding as directed in Section 4.
4. Bright Directions 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 Directions 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 Directions Account(s):

Beneficiary Name	Bright Directions 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

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

\_\_\_\_\_  
 Print Name Here

\_\_\_\_\_  
 Title (if other than an individual)

**Northern Trust  
Securities, Inc.**  
Distributor



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

**UBT**  
Union Bank & Trust  
Program Manager