

# Payroll Deduction/Direct Deposit Form

Complete this form if you are requesting a payroll deduction/direct deposit to be deposited to your CollegeBoundfund account. After completing Section 1, 2 and 3, keep the employee copy for your own records, give the employer copy of the form to your payroll department and send the CollegeBoundfund copy to the following address: CollegeBoundfund, P.O. Box 786004, San Antonio, Texas 78278-6004. For overnight mail, use the following address: CollegeBoundfund, 8000 IH 10W, 4th Floor, San Antonio, Texas 78230. For State of Rhode Island Employees, please forward page 1 and 2 to CollegeBoundfund. Please review the reverse side of page 2 for a check list on completing this Payroll Deduction/Direct Deposit Form.

If you have questions while completing this form, call toll-free at 888.324.5057, Monday through Friday, 8:30 a.m. to 7:00 p.m. Eastern Time or log on to www.collegeboundfund.com. Please print or type, and keep a copy for your records.

## 1. Rhode Island/Non Rhode Island Employee Complete either section 1A. or 1B.

A.  I am an employee of the State of Rhode Island.

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Payroll Account Number — for State of Rhode Island Employees

B.  I am not an employee of the State of Rhode Island.

Employer Name

Employer Address

Employer Payroll Contact Name

Employer Payroll Contact Phone Number

## 2. Employee/Participant Information

First Name

M.I.

Last Name

Social Security Number

Street Address

City

State

ZIP Code

Daytime Telephone Number

Evening Telephone Number

## 3. Deposit Amount/Beneficiary Allocation

Add Payroll Deduction/Direct Deposit    Change Payroll Deduction/Direct Deposit    Delete Payroll Deduction/Direct Deposit

Total amount to be deposited per pay period \$ \_\_\_\_\_ .00 (Amount to be deposited MUST be in whole numbers)

If deposit amount is for more than one beneficiary, please indicate how your direct deposit is to be allocated. The sum of your allocations must equal 100%.

CollegeBoundfund Account #	Beneficiary's Name	% of Total Deposit
1.		
2.		
3.		
4.		

Total Allocation: 100%

Employee/Participant Signature

Date

## 4. Employer Establishment Instructions (Employer Use Only)

When completing the ACH (Automated Clearing House) electronic transfer, the transmittal must be coded for checking. Please transmit the funds to State Street Bank & Trust Company, Attn: Employee Payroll Administrator, 225 Franklin Street, Boston, MA 02101

The Account number is a 17 digit field. The first 8 digits are the CollegeBoundfund's DDA Account Number. The next 9 digits are the employee's Social Security Number without the dashes:

**011000028**

**99053928**

ABA Number

DDA Number

Social Security Number

Investment Products Offered

- Are Not FDIC Insured
- May Lose Value
- Are Not Bank Guaranteed

White:  
CollegeBoundfund

Yellow:  
Your payroll department

Pink:  
Applicant (retain for record)

## Checklist for Employee/Participant

- Has your employer agreed to offer Payroll Deduction/Direct Deposit for this program?
- If you have an account(s), did you put your CollegeBoundfund Account Number(s) on the form?
- Did you check off whether or not you are a Rhode Island State Employee?
- Did you list your Employer Name, Employer Payroll Contact Name and Employer Contact Telephone Number?
- Do your percent allocations total 100%?
- Did you use whole numbers for your direct deposit amount?
- Did you sign your name exactly as it appears on the account registration?
- Did you complete and return a copy of this form to your employer's payroll office?

After completing Section 1, 2 and 3, keep the employee copy for your own records, give the employer copy of the form to your payroll department and send the CollegeBoundfund copy to the following address: CollegeBoundfund, P.O. Box 786004, San Antonio, Texas 78278-6004. For overnight mail, use the following address: CollegeBoundfund, 8000 IH 10W, 4th Floor, San Antonio, Texas 78230.

## Checklist for Employer

- Did you use the correct ABA number 011000028?
- Did you use the correct CollegeBoundfund Bank Account Number as the first 8 digits of the DDA Number 99053928?
- Did you place the employee's Social Security Number directly after the CollegeBoundfund Bank Account Number as the last 9 digits of the DDA Number? **Do not use dashes.**
- Did you code the direct deposit for checking?

If you have questions completing this form, please call toll-free  
888.324.5057, Monday through Friday, 8:30 am to 7:00 pm Eastern Time  
or log on to [www.collegeboundfund.com](http://www.collegeboundfund.com).



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[www.alliancebernstein.com](http://www.alliancebernstein.com)

