

# THE UNIVERSITY OF ALASKA COLLEGE SAVINGS PLAN

## PAYROLL DEDUCTION REQUEST FORM

Employee ID	TKL	Work Phone
Last Name	First	M.
Campus <input type="checkbox"/> SW <input type="checkbox"/> UAF <input type="checkbox"/> UAA <input type="checkbox"/> UAS		

**✓USE THIS FORM TO:**

Start, change, add, or discontinue a deduction from university pay for UA College Savings Account(s). Please allow two pay periods for processing.

**RETURN THIS FORM TO:**

UA College Savings Plan  
P.O. Box 755120  
Fairbanks, AK 99775

**PHONE:** 907-474-5671

**FAX:** 907-450-8023

**EMAIL:**

ua-collegesavingsplan@alaska.edu

### COLLEGE SAVINGS ACCOUNT DETAILS / PAYROLL DEDUCTION GOAL

UA College Savings Account Details			Total Bi-weekly Payroll Deduction	Action
<ul style="list-style-type: none"> <li>To open a new account through payroll deduction contact the UA College Savings Plan at the number above for special instructions.</li> </ul>			<ul style="list-style-type: none"> <li>Including increases to existing accounts, if applicable.</li> </ul>	In the space below, indicate your payroll deduction request type, i.e.: <ul style="list-style-type: none"> <li>Start new deduction</li> <li>Change existing amount</li> <li>Add additional deduction</li> <li>Discontinue current deduction</li> </ul>
Account #	Portfolio Name	Account Holder's Last Name	Amount	
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
<b>TOTAL PAYROLL DEDUCTION (minimum \$25/pay period)</b>			\$	
This is the total amount deducted from your paycheck each pay period.				

Employee contract term:  9 month  10 month  11 month  12 month

**PAYROLL DEDUCTION AUTHORIZATION:**

I authorize the University of Alaska/University of Alaska College Savings Plan to make appropriate deductions or changes for the accounts that I have listed above. I request the changes/additions begin on the next available pay period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Entered by:	Date:	Effective Pay Period:	Deduction Code: <b>965</b>
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