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

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: 965

Last Updated 7/9/2013