



Payroll Deduction Authorization 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 University of Alaska payroll deduction contributions to your **Alaska 529** account(s).

RETURN THIS FORM TO:

Alaska 529
P.O. Box 755120
Fairbanks, AK 99775

PHONE: 907-474-5671

FAX: 907-450-8023

EMAIL: Alaska529@alaska.edu

Account Details / Payroll Deduction Instructions				
Alaska 529 Account Details			Deduction Amount (bi-weekly)	Instruction
Existing Account Holders: Add your Alaska 529 Account information in the boxes below. (To open a new account through payroll deduction, call Alaska 529 for instructions.)			Include any active payroll deductions into your Alaska529	Indicate requested action in the box(es) below: Start a new deduction Change/No Change to existing amount Add additional deduction Discontinue existing deduction
Account #	Portfolio Name	Account Holder's Last Name		
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
*Deduction must total a minimum of \$25/month (approx.\$12.50/pay period).			TOTAL DEDUCTION per pay period:	\$

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

PAYROLL DEDUCTION AUTHORIZATION:

I authorize the University of Alaska/**Alaska 529** to make appropriate deductions or changes for the accounts that I have listed above. I understand that the requested actions will begin on the next available pay period.

Signature _____ Date _____

Office Use Only

Entered by:	Date:	Effective Pay Period:	Deduction Code: 965
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