

## Payroll Deduction Authorization Form – Maryland College Investment Plan

If you do not currently have a Maryla Form which can be found online at g letter from the College Savings Plans	collegesavin	gsmd.org or by calling 1-	
Existing Customers: Please provide a account.	a copy of you	ur account summary page	e as validation that you have an
EIN Employee Name			Work Location
Note: There is a \$25 minimum inves	tment requi	rement per account, per	pay period.
Deduction Action Requested (Check One)	Deduction Amount		The amount designated will be deducted from each regular pay check.
o Initiate			regular pay check.
<ul><li>Change</li></ul>	\$ Plan Name		Deduction will begin on the next available pay period
o Cancel	College Invest Plan		upon receipt of form.
I authorize Prince George's County Pabove and to forward the funds to the continue until PGCPS receives writted receipt of a change/cancellation, the	ne Maryland n notice to c	College Investment Plan.	This <u>AFTER-TAX</u> deduction will ount or cancel the deduction. Upon
Account Number (17 digits)		ABA# provided by Maryland College Investment Plan	
		011000028 – State Street Bank	
I attest the information on this form	is accurate a	and correct.	
Employee's Signature Daytime Tel		elephone Number	 Date