

If you do not currently have a Maryland Prepaid College Trust, **please first complete an Enrollment Form which can be found online at <u>collegesavingsmd.org</u> or by calling 1-888-4MD-GRAD**. Please attach the letter from the College Savings Plans of Maryland indicating your account number (for new enrollments).

Existing Customers: Please provide a copy of your account summary page as validation that you have an account.

EIN Employee Na		le	Work Location
Deduction Ac (Check One)	tion Requested	Deduction Amount	The amount designated will be deducted from each
o Initiate	e	regular pay check.	
 Change 	\$ Plan Name	 Deduction will begin on the next available pay period 	
o Cancel		Prepaid College Trust	upon receipt of form.

I authorize Prince George's County Public Schools (PGCPS) to deduct from my salary the amount indicated above and to forward the funds to the Maryland Prepaid College Trust. This <u>AFTER-TAX</u> deduction will continue until PGCPS receives written notice to change the Deduction Amount or cancel the deduction. Upon receipt of a change/cancellation, the updated deduction will be reflected in the next available pay check.

Account Number	ABA# provided by Maryland Prepaid College Trust	
4126805480	121000248 – Wells Fargo Bank	

I attest the information on this form is accurate and correct.

Employee's Signature

Daytime Telephone Number