Employer Authorization Form – Payroll Deduction



Instructions

Please complete this form to establish an employer-sponsored 529 plan for your employees through payroll deduction. This form must be completed prior to accepting contributions from any of your employees.

Please print clearly in all CAPITAL LETTERS using black ink. Color in circles completely. For example: \blacksquare not 8 not 6

Once completed, please send or fax this form to The Education Plan® at the following address:

Regular Mail:

The Education Plan® P.O. Box 173691 Denver, CO 80217

Fax: 1.303.768.6529

Company name		Federal Tax ID	Federal Tax ID number	
Company address	City	State	Zip	
Contact person		Telephone num	nber	
Title		Fax number	Fax number	
Email address		Number of em	Number of employees in company	
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Account # 1111532 __ _ _ _ _ _ _ _ _

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