DO NOT STAPLE



PA ABLE

## **Payroll Direct Deposit**

- Use this form to start, change, or stop payroll direct deposit instructions on your existing PA ABLE Account. You may also provide your payroll direct deposit instructions when you log on to our website at www.PAABLE.gov. (If you have not established an account, you must also complete and enclose an Enrollment Form.)
- After this form is processed you will receive a Payroll Direct Deposit
   Confirmation Form, which you must sign and submit to your employer's payroll department. Your payroll direct deposit instructions will not take effect until your employer has accepted your signed form.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Forms can be downloaded from our website at **www.PAABLE.gov,** or you can call us to order any form—or request assistance in completing this form—at **1.855.529.ABLE (2253)** any business day from 8 a.m. to 5 p.m. ET.

-	1.855.529.ABLE (2253)
	8 a.m. to 5 p.m. ET M-F

www.PAABLE.gov



Regular mailing address:

PA ABLE P.O. Box 219414 Kansas City, MO 64121

Overnight mailing address:

PA ABLE 920 Main Street, Suite 900 Kansas City, MO 64105

Account			<b>-</b>	7		$\neg$		$\neg$										
Account Numb	er																	
Name of Accou	ınt Own	er <i>(first</i> ,	midd	le init	tial, l	ast)												
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Telephone Num	ber																	
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3.	Payroll Direct Deposit instructions	
	Check one: Start Payroll Direct Deposits Change Amount	Stop Payroll Direct Deposits (Skip to <b>Section 4</b> )
	Deduct \$ from my paycheck each pay period and contr	ribute to my PA ABLE Account.
4.	Signature — YOU MUST SIGN BELOW	
	I certify that I have read and understand, consent, and agree to all the terms and and understand the rules and regulations governing PA ABLE. Further, I understar are responsible for any claims I may make and/or losses resulting from my employ contributions via payroll direct deposit.	nd that neither PA ABLE, or their agents or affiliates
	SIGNATURE	
	Signature of Account Owner or Authorized Individual	Date (mm/dd/yyyy)
	SIGNATURE	
	Signature of co-guardian or co-conservator (Only if applicable)	Date (mm/dd/yyyy)