



# Payroll Direct Deposit

**Return this Form to:**

NEST Direct 529  
P.O. Box 83529  
Lincoln, NE 68501-3529

**Overnight Mail:**

NEST Direct 529  
3560 South 48<sup>th</sup> Street  
Lincoln, NE 68506

If you have questions, please call us at **888.993.3746**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

## 1. I Would Like to Use this Form to:

- Start Payroll Direct Deposit
- Change the Contribution Amount

**Employee Steps:**

1. Complete all four sections below.
2. Provide your NEST Direct College Savings Plan Account number(s) in Section 4. If you do not have a NEST Direct College Savings Plan Account, please complete an Enrollment Form and mail both forms to NEST Direct College Savings Plan

**Employer Steps:**

1. Enter this withholding into your payroll system.
2. Fax this form to the NEST Direct College Savings Plan at 402.323.1053. Keep a copy of this form for your files.
3. Begin withholding as directed in Section 4.
4. NEST Direct College Savings Plan will contact you regarding contribution and remittance methods.

## 2. Account Owner Information

Name (First, M.I., Last): \_\_\_\_\_

Street Address (no P.O. Boxes): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contributor Name (if different than the Account Owner): \_\_\_\_\_

## 3. Employer Information

Company or Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Payroll Contact Name: \_\_\_\_\_

Payroll Contact Phone Number: \_\_\_\_\_

Payroll Contact Email Address: \_\_\_\_\_

## 4. Payroll Direct Deposit Information

Amount of Payroll Direct Deposit (per pay period): \$ \_\_\_\_\_

Requested Start Date (check with your employer): \_\_\_\_\_

I request that the above deduction be deposited into the following NEST Direct College Savings Plan Account(s):

Beneficiary Name	Plan Account Number	Amount
		\$
		\$
		\$
		\$

## 5. Authorization

I hereby authorize the ongoing payroll deduction as set forth above and acknowledge that this deduction will continue until I notify my employer in writing to change or stop the deduction.

### Signature and Date Required

\_\_\_\_\_  
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title (if other than an individual)



**UBT**  
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Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager.