



- Forms can be downloaded from our website at arkansasable.com. To request a form — or request assistance in completing this form — call **1.888.609.8874** any business day from 7 a.m. to 4 p.m. CT.

Arkansas ABE
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

Extension (if any)

3. Payroll Direct Deposit instructions

Check one: ☐ Start Payroll Direct Deposits ☐ Change Amount ☐ Stop Payroll Direct Deposits
(Skip to **Section 4**)

Deduct \$ from my paycheck each pay period and contribute to the Arkansas ABLE Account.

4. Signature — YOU MUST SIGN BELOW

- By signing below, I certify that I have read and understand, consent to, and agree to all the terms and conditions of the Plan Disclosure Booklet as currently in effect and understand the rules and regulations as they relate to payroll direct deposit.
- By signing below, I authorize Arkansas ABLE or its designees to start, change the amount of, or stop a payroll direct deposit as indicated in **Section 3**.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner's behalf in making this request.
- All information provided by me on this form is true and correct and may be relied upon by the Plan Administrators.
- I understand that neither the Plan Administrators nor their agents are responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately process my contributions via payroll direct deposit.

Account Owner or Authorized Individual Legal First, Middle and Last Name

SIGNATURE

Signature of Account Owner or Authorized Individual

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Date (mm/dd/yyyy)