

Use this form for funds to be deducted through payroll deduction.

**BEST Program Employee Payroll Deduction Form**

New  
 Change

Employee Name     
(Last) (First) (Middle)

Social Security Number  Work Phone

Employer Name and Address

I hereby authorize the payroll deduction of  per payroll period or as otherwise determined by employer until further notice and deposit those funds in the Baccalaureate Education System Trust according to the following schedule:

|                                  |                                 |                        |                   |
|----------------------------------|---------------------------------|------------------------|-------------------|
| Beneficiary <input type="text"/> | Contract # <input type="text"/> | <input type="text"/> % |                   |
| Beneficiary <input type="text"/> | Contract # <input type="text"/> | <input type="text"/> % |                   |
| Beneficiary <input type="text"/> | Contract # <input type="text"/> | <input type="text"/> % |                   |
| Beneficiary <input type="text"/> | Contract # <input type="text"/> | <input type="text"/> % | <b>Total 100%</b> |

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED FORM TO THE BACCALAUREATE EDUCATION SYSTEM TRUST**

BEST Authorization \_\_\_\_\_ Date \_\_\_\_\_

Employer Authorization \_\_\_\_\_ Date \_\_\_\_\_

TR-0365

RDA-2516

**See other side for instructions.**

**Payroll Deduction Checklist**

- Have you signed the authorization form?
- Have you provided the Beneficiary's name, contract number and the percentage of deduction to apply to each contract? (If this is a new contract, leave the contract number blank.)
- Does the percentage total equal 100%?



Please return the completed form to:

**Baccalaureate Education System Trust**  
P.O. Box 198786  
Nashville, TN 37219-8786  
For additional information, call **1-888-486-BEST**  
In Nashville, call 532-8056

