



PAYROLL DEDUCTION FORM - STATE OF ILLINOIS EMPLOYEES ONLY

- You must have an established College Illinois!® prepaid tuition account(s) in order to submit this request for payroll deduction.
- Please complete this form to establish, change or terminate a payroll deduction for your existing College Illinois! account(s).
- Payroll deduction is only available for College Illinois! accounts set up for monthly payments. No payroll deduction can be processed for one-time payments or annual payment plans.
- You may be required to make your monthly payment by check to College Illinois! until this payroll deduction begins in order to avoid late fees that may assess.
- The State of Illinois employee named on this form must be the account owner (Purchaser) of the College Illinois! account.
- Make two copies of this form and:
 - Submit the original form to College Illinois!, 500 West Monroe, 3rd Floor, Springfield IL 62704
 - Provide a copy to your payroll office so they can initiate, change or terminate the payroll deduction for your College Illinois! account
 - Keep a copy for your records.
- Questions should be directed to the College Illinois! toll-free number, 1-877-877-3724.

Employer Information

Employer: _____ State of Illinois _____

State Agency or Department: _____

Payroll schedule and/or pay dates: Pay dates: _____ day of the month and _____ day of the month

Name of Payroll Office Contact Person: _____

Payroll Office Address: _____

Payroll Office Phone Number: _____

Employee Information

Account Owner / Employee Name: _____

Account Owner/ Employee Social Security Number (or T.I.N.): _____
(College Illinois! requires a SSN solely for administration purposes and, where applicable, IRS reporting.)

Account Owner / Employee Daytime Phone Number: _____

Payroll Deduction Information – for up to three different College Illinois! accounts

First Account:
 College Illinois! Account Number: _____

Please select one:

New designation of payroll deduction

Change in amount of payroll deduction

Termination of payroll deduction
 Effective date of payroll termination: _____

Transfer to new agency

Indicate the amount to be deducted from your paycheck each pay period. Your College Illinois! monthly payment should be divided by the number of pay periods each month to determine the deduction amount per **pay period**. The amount deducted each **month** must be equal to or more than the scheduled monthly payment for the College Illinois! plan you purchased.

Deduction Amount per pay period: \$ _____

Second Account, if applicable:

College Illinois! Account Number: _____

Please select one:

- New designation of payroll deduction
- Change in amount of payroll deduction
- Termination of payroll deduction
Effective date of payroll termination: _____
- Transfer to new agency

Indicate the amount to be deducted from your paycheck each pay period. Your College Illinois! monthly payment should be divided by the number of pay periods each month to determine the deduction amount per **pay period**. The amount deducted each **month** must be equal to or more than the scheduled monthly payment for the College Illinois! plan you purchased.

Deduction Amount per pay period: \$ _____

Third Account, if applicable:

College Illinois! Account Number: _____

Please select one:

- New designation of payroll deduction
- Change in amount of payroll deduction
- Termination of payroll deduction
Effective date of payroll termination: _____
- Transfer to new agency

Indicate the amount to be deducted from your paycheck each pay period. Your College Illinois! monthly payment should be divided by the number of pay periods each month to determine the deduction amount per **pay period**. The amount deducted each **month** must be equal to or more than the scheduled monthly payment for the College Illinois! plan you purchased.

Deduction Amount per pay period: \$ _____

Authorization

Total Deduction Amount per pay period: \$ _____

This amount must be equal to the total of the deduction amounts specified above for each account.

I hereby authorize my employer to deduct the designated amount from my salary each pay period and remit such payment to the College Illinois! Prepaid Tuition Program for credit to the account(s) designated above. I understand that no funds will be deducted if my paycheck is less than the amount to be deducted and that it is my responsibility to notify College Illinois! if there are not sufficient funds to cover the payroll deduction and my prepaid tuition contract payment. This authorization will continue until I terminate it in writing to my employer and College Illinois!.

Signature of Purchaser

Date

NOTICE

Purchasers who knowingly supply fraudulent documentation will be denied the opportunity to participate in the program. In the event a College Illinois! contract has been revised based upon fraudulent documentation, the contract will be terminated subject to the assessment of a termination charge up to \$500.