


Virginia College Savings PlanSM

PAYROLL DEDUCTION AUTHORIZATION FORM
(For use by employees of the Commonwealth of Virginia ONLY)

Please return this form via toll free fax to 877-591-1334.

Date _____

Employer Commonwealth of Virginia

Employer Account # _____

State Agency: _____ Agency No: _____

Address (Payroll Office) _____

Employee Name _____

Employee SSN _____

Daytime Phone (____) _____

College Savings Plan VPEP _____ VEST _____

Account # ** _____

*** If you are opening a new account, VCSP will insert your account number.*

_____ **Check here if you are already making payments to another Virginia College Savings Plan account via Payroll Deduction.**

I hereby authorize my employer to deduct \$_____ from my salary each **pay period beginning** _____ to be remitted to the Virginia College Savings Plan (VCSP) for credit to my account(s). 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 VCSP if there are not sufficient funds to cover the payroll deduction. This authorization will continue until I terminate it in writing to my employer and to the VCSP.

Employee's Signature _____

VCSP Approval _____

Signature

Date



Information to Commonwealth of Virginia Employees:

Pay periods are indicated below.

PAY PERIOD	PAY DATE
10 TH – 24 TH	1 ST
25 TH – 9 TH	16 TH

Since the majority of Commonwealth of Virginia employees are paid twice each month, the payroll deduction amount should generally be one-half of the total monthly payment. This amount will be withheld twice each month and then transmitted to VCSP once a month by the Department of Accounts.

For assistance with the payroll deduction process, please contact us at (888) 567-0540.