

# LOUISIANA'S START AND STARTK12 SAVING PROGRAMS

## PAYROLL DEDUCTION AUTHORIZATION FORM

START Saving Program  
PO Box 91271  
Baton Rouge, LA 70821-9271

Telephone: 1-800-259-5626  
Internet: [www.startsaving.la.gov](http://www.startsaving.la.gov)  
Fax: (225) 612-6497  
E-mail: [start@la.gov](mailto:start@la.gov)

**INSTRUCTIONS:** To initiate deposits to your account through payroll deduction, you must complete this form. **THIS FORM MUST FIRST BE APPROVED BEFORE IT WILL BE FORWARDED TO YOUR EMPLOYER.** Follow these instructions to complete this form. Type or print in ink. Enter your employer's complete company name, address, telephone number and Federal Tax Identification (ID) Number. If necessary, contact your payroll department to obtain your employer's Internal Revenue Service Federal Tax ID Number. If you have more than one account, enter the percentage of the total payroll deduction you wish to be deposited to each account. The percentages allocated to all accounts must equal 100%. Mail the completed form to the "START Saving Program," at the address shown above. If you need assistance in completing this form, call the START Saving Program at the number shown above.

### **NAMES OF THE ACCOUNT OWNER AND EMPLOYER**

Account Owner's (Employee's) Name (Print)			Account Owner's Social Security Number		
Last	First	MI			

Employer's Name and Mailing Address (Print)	Address	City	State	Zip
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Employer's Telephone	Employer's Federal Tax ID Number
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Employer's E-mail Address: \_\_\_\_\_

### **PAYROLL DEDUCTION** (Check One)

New Deduction       Change in the Amount of Present Deduction       Terminate Deduction

Amount to deduct from salary each pay period: \$ \_\_\_\_\_

Pay Period or Date the payroll deduction is to begin: \_\_\_\_\_

### **ACCOUNT(S) IN WHICH THE PAYROLL DEDUCTION WILL BE DEPOSITED**

Enter the account(s) that are to receive the deposits. If you have more than one account, you must enter the percentage of the total amount deducted from your pay that is to be credited to each account. The sum of the percentages entered must equal 100%

**Percentage (in Whole Percentages) of Total Deduction to Each Beneficiary**

**Beneficiary's Full Name (First, Middle, Last)**

**Account Number(s)**

_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
		<b>Total 100%</b>

### **EMPLOYEE'S (ACCOUNT OWNER'S) AUTHORIZATION**

I understand that these instructions will remain in effect until changed or cancelled by me. The START Saving Program is a voluntary program, and I understand that I am under no contractual obligation and, therefore, may cancel this authorization or change the deduction amount at any time upon notification to START Saving Program and my employer. I hereby authorize my employer to cancel any prior START Saving Program deduction forms on file. I hereby waive, on behalf of myself, my heirs, successors, agents and assigns, any and all rights of action against the State of Louisiana, its agents, and assigns, arising out of the deduction, failure to deduct or any other handling of this request for payroll withholding.

**Account Owner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_