



**Connecticut Higher Education Trust**  
**Payroll Direct Deposit Form (for non-State of CT Employees)**  
 Use this form to establish or modify Payroll Deduction  
**Use this form only if you are not a State of Connecticut Employee**  
**Questions?** Call toll-free 1-888-799-CHET (1-888-799-2438)  
 P.O. Box 219125, Kansas City, MO 64121-9125  
 Visit [www.aboutCHET.com](http://www.aboutCHET.com)

**(A special note to State of Connecticut employees: STOP HERE. Use the State of Connecticut Employee Payroll Deduction Form, which is available online or by calling the Program. Do not use this form.)**

**Instructions – use this form to:**

- Establish payroll contributions via payroll direct deposit to your Connecticut Higher Education Trust Account(s) for the first time.
- Change allocation among Beneficiaries and/or Investment Options for existing payroll contributions.

Important: Contact your employer to stop or change the amount of your payroll direct deposits to your Account.

Be sure to open a Connecticut Higher Education Trust account online at [www.aboutCHET.com](http://www.aboutCHET.com) or complete and attach a Connecticut Higher Education Trust Account Application for each Beneficiary.

**Print clearly in capital letters with blue or black ink.**

**Mail the original completed Payroll Direct Deposit Form and Connecticut Higher Education Trust application(s) (if applicable) to the above Program address. Give a copy of this Payroll Direct Deposit Form to your employer's payroll department.\***

- \* **If you are using your employer's online self-service portal to set-up payroll direct deposit, you do not need to submit a copy to your employer. Follow the routing instructions in the "For Employee" section of this form, and mail this original completed form to the Program.**

**It may take up to ten days from the receipt of this form before a Direct Deposit can be accepted. To confirm receipt of this form, please call the Program.**

Note: The Program can only accept payroll contributions via Automated Clearing House (ACH) funds. If your employer cannot support ACH, please consider establishing an Automatic Contribution Plan (ACP). Visit the [www.aboutCHET.com](http://www.aboutCHET.com) or call the Program for more information.

**1 Employee Information** *(The employee must be the Account Owner or the Custodian for a Minor.)*

[ ]	[ ]	[ ]	-	[ ]	-	[ ]	[ ]	[ ]	[ ]
<i>Employee Social Security or Taxpayer Identification Number</i>									
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<i>Employee Name (First, MI, Last, Suffix)</i>									
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<i>Employer Name</i>									
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<i>Employer Contact Name</i>									
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	-	[ ]	[ ]	-	[ ]	[ ]	[ ]
<i>Employer Telephone Number</i>									

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**2 Contribution Instructions** *(You must complete all applicable parts of this section.)*

<input type="checkbox"/> <b>Check here to establish payroll contributions for the first time.</b>  <i>It may take up to 10 days from the receipt of this form before a payroll contribution can be accepted.</i>	<input type="checkbox"/> <b>Check here to change the allocation of payroll contributions across Investment Options and/or existing Beneficiaries.</b>  <i>Use one form for all Accounts or call the Program to make this change.</i>
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**Note: Please contact your employer to stop or change the amount of your payroll direct deposit.**

**Amount you will be contributing by direct deposit per pay period (on an *after-tax* basis):**  
*The minimum contribution is \$15 per Investment Option, per Beneficiary, per pay period.*

<b>Contribution Amount per pay period:</b>	\$	[ ]	,	[ ]	.	0	0
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## 2 Contribution Instructions (continued)

Tell the Program how to allocate your contributions among Investment Options and/or Beneficiaries.  
Use only one form to contribute to all Account(s) for all Beneficiaries. Attach an additional sheet of paper if needed.

Beneficiary Name (Provide first and last name.)	Investment Options (Enter Inv. Option Code from below.)	Check if new Investment Option	Percentage of each contribution			
1.		<input type="checkbox"/> New Option				%
2.		<input type="checkbox"/> New Option				%
3.		<input type="checkbox"/> New Option				%
4.		<input type="checkbox"/> New Option				%
<b>Total Allocation Per Pay Period</b>			<b>1</b>	<b>0</b>	<b>0</b>	<b>%</b>

### Investment Option Name (Fund Code)

Moderate Managed Allocation Option (Age based)	Social Choice Equity Option (2260)	Global Tactical Asset Allocation Option (2306)
Aggressive Managed Allocation Option (Age based)	Active Fixed Income Option (2253)	Principal Plus Interest Option (1956)
Conservative Managed Allocation Option (Age based)	Index Fixed Income Option (2281)	Money Market Option (2261)
Active Global Equity Option (2282)	U.S. Equity Index Option (2304)	International Equity Index Option (2305)
High Equity Balanced Option (1955)	Global Equity Index Option (2251)	

## 3 Employee Authorization and Signature

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into my *Connecticut Higher Education Trust* Account(s). I acknowledge and agree my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize the *Connecticut Higher Education Trust* and its agents to make adjustments to my Account(s) to correct such errors.

I understand my *Connecticut Higher Education Trust* Account(s) may not be credited with my payroll contributions until the funds are received from my employer and the date on my payroll stub may not be the same date the deposit is credited to my Account(s). This authorization will remain in effect until cancelled by me or by *Connecticut Higher Education Trust* or upon termination of my employment with my employer.

Employee Signature (The employee must be the Account Owner or the Custodian for a Minor.)

Date

### For Employee

- 1) Mail this form to the Program and make a copy to retain for your records. Please note it may take up to 10 days from the receipt of this form by the Program before a payroll contribution can be accepted. To confirm receipt and processing of this form, you may call the Program at 1-888-799-CHET (1-888-799-2438).
- 2) Provide a copy of this form to your employer's Payroll Department to initiate contributions by payroll direct deposit.\*

### OR\*

**If you are using an employer self-service portal to set-up payroll contributions to the Plan, you do not need to provide a copy of this form to your employer. Please follow these instructions:**

Account Type: Select "Checking"  
Bank Transit/Routing Number: ABA Number 011000028  
Account Number: 99053373+Employee SSN/TIN (no dashes or spaces)

### For Employer

To establish automatic payroll direct deposit to the Connecticut Higher Education Trust for any employee, confirm the employee has submitted the original of this form to the Program. It may take up to 10 days upon receipt of this form by the Program before a payroll contribution can be accepted. Then use the following instructions to send payroll direct deposits via ACH (Automated Clearing House):

- ✓ Code the account type (i.e., deposit) as "Checking"
- ✓ Transmit the funds to:
  - State Street Bank & Trust Company
  - ABA Number: 011000028
  - 17 Digit Account Number: 99053373+Employee's SSN/TIN (no dashes or spaces, e.g. 99053373111111111)

### Mail this form to:

**Regular Mail**  
Connecticut Higher Education Trust  
P.O. Box 219125  
Kansas City, MO 64121-9125

