



**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.

<b>PAY PERIOD</b>	<b>PAY DATE</b>
10 <sup>TH</sup> – 24 <sup>TH</sup>	1 <sup>ST</sup>
25 <sup>TH</sup> – 9 <sup>TH</sup>	16 <sup>TH</sup>

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.