



Office of Payroll and Employee Benefits
NJBEST 529 College Savings Plan
Payroll Deduction Authorization Form

To enroll for automatic NJBEST payroll deductions please fill out the information below and attach a copy of your NJBEST account confirmation.

	Beneficiary's Name	Beneficiary's Social Security Number	NJBEST Account Number	Deduction Amount Per Check
Beneficiary # 1:	_____	____-____-____	_____	\$ _____
Beneficiary # 2:	_____	____-____-____	_____	\$ _____
Beneficiary # 3:	_____	____-____-____	_____	\$ _____
Beneficiary # 4:	_____	____-____-____	_____	\$ _____
Beneficiary # 5:	_____	____-____-____	_____	\$ _____
Total Authorized Deduction Per Pay Period				\$ _____

Employees Name: _____ **Banner ID Number** _____

Employee's Signature: _____ **Date:** _____

Return completed (signed and dated) form to the Office of Payroll and Employee Benefits via the My Document Upload in WP Connect