



TEXAS PREPAID HIGHER EDUCATION TUITION BOARD
TEXAS GUARANTEED TUITION PLAN
 Texas Tomorrow Funds® • P.O. Box 13407 • Austin, Texas 78711-3407

111 E. 17th St., 5th Floor
 Austin, Texas 78711
 1.800.445.GRAD (4723)
 FAX: 512.475.0081
 www.tgtp.org

Payroll Deduction Authorization

(Form must be returned to employer.)

Now that you have made it easy to prepay the costs of college tuition and required fees, make it even easier by signing up for payroll deduction. Simply complete the information below and provide it to your EMPLOYER to start having your *Texas Guaranteed Tuition Plan* payments automatically deducted from your payroll check. Please note, certain employers may not offer payroll deduction.

Please allow 30-60 days from receipt of your request for processing. Please make your monthly payments by check until the payroll deduction starts.

Payroll Deduction Authorization

| | |
|------------------------------------|---------------------------|
| Employee/ Purchaser Name: _____ | Account Number: _____ |
| Beneficiary Name: _____ | Monthly Payment: _____ |

This authorization initiates monthly deductions from my payroll check the first pay period of each month in the amount specified above to be sent to the *Texas Guaranteed Tuition Plan*. **This authority is to remain in full force and effect until I have provided a written notification of its termination in such time and such manner as to afford my employer a reasonable opportunity to act on it.**

Monthly payments will begin on the first available pay period after the employer processes the request.

(TO BE COMPLETED BY THE EMPLOYEE)

| | |
|-----------------------------|---------------|
| _____ Employee Signature | _____ Date |
|-----------------------------|---------------|

| | |
|----------------|------------------------------|
| _____ Phone | _____ Agency / Department |
|----------------|------------------------------|

Check here if you want an amount greater than the monthly payment deducted from your payroll check each month. Specify the total amount to be deducted _____.
(Otherwise, the monthly payment reflected above will be deducted.)

NOTE TO EMPLOYER: Payments should be remitted to P.O. Box 12018, Austin TX 78711-2018.