

MARYLAND PREPAID COLLEGE TRUST

Payroll Deduction Authorization Form

Please print or type all information in **BLACK INK** for electronic imaging.

Payroll System – Check One

Regular

University of Maryland

Personnel/Payroll Agency Number

(See your pay stub for this information)

Agency Name

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Social Security Number

Employee Name

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Deduction Action Requested	DOE Code	Deduction Amount	Amount to be deducted in each of the 24 designated pay periods each year.
<input type="checkbox"/> Initiate	BD	\$	Deduction will begin on the next available pay period upon receipt at CPB.
<input type="checkbox"/> Change	Name of Deduction		
<input type="checkbox"/> Cancel	PREPD TUITION		

I authorize the State of Maryland to deduct from my salary the amount indicated above and to forward the funds to the Maryland Prepaid College Trust. This deduction will continue until the State of Maryland receives written notice from me to change the Deduction Amount or cancel the deduction. This notice must be received in a time and manner, which allows the State and the Maryland Prepaid College Trust a reasonable opportunity to process my request.

Employee's Signature

Daytime Telephone Number

Date

MPCT Administrator

Date