



PAYROLL DEDUCTION CHANGE FORM

Use this form to change or cancel a payroll deduction on your Learning Quest account.

- Give this completed form to your Payroll Department for processing. Changes will be effective the payroll period after your completed form is received.
- To change the allocation of your payroll deduction for your beneficiaries, please contact Learning Quest at 1-800-579-2203.

STEP 1 Indicate Type Of Change (select one)

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Change amount of payroll deduction

☐

Cancel payroll deduction

STEP 2 Provide Information About Yourself

First name

Middle name

Last name

U.S. Social Security number

Employee identification number

STEP 3 Indicate The Amount

The minimum investment per account is \$25 per month.

Indicate the total amount to be deducted for all your beneficiaries from your paycheck each pay period.

\$, .

Amount of deduction per pay period

STEP 4 Sign Your Name

Give this completed form to your Payroll Department for processing.

I hereby authorize the Director for the Division of Accounts and Reports for the State of Kansas to make biweekly payroll deductions from my wages in the amount indicated above. This authorization is effective at the beginning of the next payroll period following the date signed, and is to remain in effect until written authorization is received to cancel the deduction or my employment is terminated.

Account owner signature and date

Information For The Payroll Department

Use this account number followed by the employee's Social Security number when transmitting the payroll deduction.

Account number