



State of Delaware Employee DE529 Education Savings Plan (Fidelity Investments) Direct Deposit Instructions

Thank you for choosing to open a DE529 account to help save for your child's future. Please use the following instructions to set up direct deposit contributions from your State of Delaware paycheck. This form is to be completed by the employee only. *You are responsible for ensuring the routing and account numbers are correct.*

1. Print off a copy of the PHRST Direct Deposit Authorization Form (P8110) included with these instructions.
2. Complete **Section A – Balance Account** by entering your primary bank account information. This is where your net pay will be deposited.
3. Complete section B by using the following information from Fidelity Investments
 - a. Flat Amount = The amount you wish to deposit to your DE529 account each pay period.
 - b. Transit Number = Please **enter 101205681**
 - c. Account number = Please **enter your nine-digit account number**. This number is available online, on your statement, or by calling Fidelity at 1-800-343-3548
 - d. Check the savings box
 - e. Bank Name = **Fidelity Investments**
 - f. Bank Address = **PO Box 770001, Cincinnati, OH 45277-002**
 - g. Sign and date the form
4. Please return the completed form to your State agency or District human resources or payroll department.

If you have multiple direct deposit accounts

Indicate the priority (beginning with 100, 200, etc.) in the field next to each account in section B.

Please allow for at least one payroll cycle to be completed before your contributions to your DE529 account begin.

If you have any questions regarding your DE529 account, please call 1-800-343-3548 or visit www.fidelity.com

Thank you,

The Office of the State Treasurer

PHRST DIRECT DEPOSIT AUTHORIZATION FORM

This form is to be completed and submitted by the employee ONLY. Please return directly to your Human Resource or Payroll Department. Date: _____

Employee Name: _____	Empl ID: _____	Work Phone: _____
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Direct Deposit Instructions:

If only one banking instruction is set up, **Section A** designates the account to receive the balance of net pay. If there are multiple banking instructions in **Section B**, then **Section A** designates the account to receive any balance funds left over after all other direct deposit instructions are processed. The priority number of 999 is established for the account in Section A. For multiple accounts, all accounts with the exception of the last account (Section A) shall be processed as **Flat Amount** and shall be designated by Priority beginning with 100, 200, etc. in Section B.

Section A: Balance Account: The following account is either the only account to be used for Direct Deposit or the account which is to receive the net amount remaining after all other deposits have been made as indicated in **Section B**, the list of Additional Accounts.

<u>999</u>	<u>Balance</u>				<input type="checkbox"/>	<input type="checkbox"/>
Priority	Amount	Transit #	Account #		Checking	Savings
Bank Name: _____						
Bank Address: _____						

Section B: Additional Accounts For Multiple Direct Deposits

<u> </u>	<u>Flat Amount</u>				<input type="checkbox"/>	<input type="checkbox"/>
Priority	Flat Amount	Transit #	Account #		Checking	Savings
Bank Name: _____						
Bank Address: _____						

<u> </u>	<u>Flat Amount</u>				<input type="checkbox"/>	<input type="checkbox"/>
Priority	Flat Amount	Transit #	Account #		Checking	Savings
Bank Name: _____						
Bank Address: _____						

<u> </u>	<u>Flat Amount</u>				<input type="checkbox"/>	<input type="checkbox"/>
Priority	Flat Amount	Transit #	Account #		Checking	Savings
Bank Name: _____						
Bank Address: _____						

I hereby authorize the State of Delaware to deposit my net pay to the financial institution(s) listed above. I understand my net pay will be deposited to my designated account(s) so the funds are available to me on the day of pay. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the State of Delaware to direct the bank to return said funds.

Direct Deposit of my net pay will remain in effect until my employment with the State of Delaware is terminated. The State may terminate this service at any time. These Direct Deposit instructions replace any previously dated instructions.

Employee Signature: _____ Date: _____

YOU ARE RESPONSIBLE for ensuring the routing and account numbers on this form are correct.
Please contact your bank to confirm routing/account numbers if you are unsure.
**INCORRECT OR ILLEGIBLE ROUTING AND/OR ACCOUNT NUMBERS
WILL RESULT IN YOUR PAY BEING DELAYED.**