

DIRECT DEPOSIT IRA PAYROLL ALLOCATION FORM

Payroll Template for Individual Retirement Account Withholding

1. EMPLOYER INFORMATION

EMPLOYER NAME

FEDERAL EIN

2. EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

EMPLOYEE ID / SSN (LAST 4 DIGITS)

STREET ADDRESS

PHONE NUMBER

EMAIL ADDRESS

3. FINANCIAL INSTITUTION & IRA ACCOUNT DETAILS

FINANCIAL INSTITUTION NAME

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

IRA TYPE

TRADITIONAL IRA

ROTH IRA

4. PAYROLL ALLOCATION AMOUNT

Specify the amount or percentage to be withheld from your pay each pay period and deposited into the IRA account designated above.

DOLLAR AMOUNT (PER PAY PERIOD)

\$

PERCENTAGE (PER PAY PERIOD)

%

5. AUTHORIZATION & SIGNATURE

I hereby authorize my employer to withhold the amount designated above from my pay each pay period and deposit it directly into my Individual Retirement Account (IRA) at the financial institution named above. This authorization will remain in effect until I provide written notification of its termination or amendment.

EMPLOYEE SIGNATURE

DATE

FOR EMPLOYER/HR USE ONLY

DATE RECEIVED

PROCESSED BY

EFFECTIVE PAY DATE

SIGNATURE OF PROCESSOR

Please retain a copy of this form for your records. Submit the completed form to your Payroll or Human Resources department.