

IRA PAYROLL DEDUCTION AUTHORIZATION FORM

Individual Retirement Account Withholding

EMPLOYER INFORMATION

COMPANY NAME

EMPLOYEE INFORMATION

FULL NAME

EMPLOYEE ID / SSN (LAST 4 DIGITS)

ADDRESS

DEPARTMENT

PHONE NUMBER

IRA FINANCIAL INSTITUTION & ACCOUNT DETAILS

Specify the financial institution and account where the payroll deductions should be deposited.

FINANCIAL INSTITUTION NAME

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

IRA TYPE

Traditional IRA

Roth IRA

DEDUCTION DETAILS

AMOUNT PER PAY PERIOD (\$)

PERCENTAGE PER PAY PERIOD (%)

EFFECTIVE DATE

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the amount specified above from my pay each pay period and transmit these funds to the designated financial institution for deposit into my Individual Retirement Account (IRA). I understand that this authorization will remain in full force and effect until I submit a written revocation or modification to the payroll department. I also understand that I am solely responsible for ensuring that my total annual contributions do not exceed the statutory limits established by the Internal Revenue Service (IRS).

EMPLOYEE SIGNATURE

DATE

PAYROLL DEPARTMENT USE ONLY

RECEIVED BY

DATE PROCESSED
