401(K) PAYROLL DEDUCTION AUTHORIZATION

Contribution Withholding Form

COMPANY INFORMATION

Company Name: _____

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID / SSN: _____ **Department:** _____

Email Address: _____ **Phone Number:** _____

CONTRIBUTION ELECTION

I authorize my employer to withhold from my eligible compensation each pay period the following contributions to be deposited into my 401(k) account.

Contribution Type	Withholding Amount / Percentage
☐ **Pre-Tax 401(k) Contribution**	☐ _____ % of eligible compensation OR ☐ $ _____ per pay period
☐ **Roth 401(k) Contribution (Post-Tax)**	☐ _____ % of eligible compensation OR ☐ $ _____ per pay period
☐ **Catch-Up Contribution** (Age 50 or older)	☐ _____ % of eligible compensation OR ☐ $ _____ per pay period

☐ **Decline Participation: I elect not to contribute to the 401(k) plan at this time.**

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to make the payroll deductions specified above. I understand that this authorization will remain in effect until I submit a new, written authorization form or terminate my employment. I also understand that the maximum annual contribution limits are determined by the Internal Revenue Service (IRS) and that my deductions may be adjusted or suspended if they exceed these limits.

_____ _____

Employee Signature Date

FOR HUMAN RESOURCES / PAYROLL USE ONLY

_____ _____

Payroll Representative Signature

Date Processed

Effective Pay Date: _____