

PAYROLL DEDUCTION AUTHORIZATION

Retirement Savings Plan

COMPANY INFORMATION

Company Name: _____ Date: _____

EMPLOYEE INFORMATION

Employee Name: _____
Employee ID: _____ Department: _____
SSN (Last 4): _____ Email Address: _____

RETIREMENT PLAN SELECTION

Plan Type	Pre-Tax Deduction	Post-Tax (Roth) Deduction
<input type="checkbox"/> 401(k) Plan	% / \$ _____	% / \$ _____
<input type="checkbox"/> 403(b) Plan	% / \$ _____	% / \$ _____
<input type="checkbox"/> 457(b) Plan	% / \$ _____	% / \$ _____
<input type="checkbox"/> SIMPLE IRA	% / \$ _____	N/A

ACTION REQUESTED

New Enrollment Change Amount Catch-Up Contribution Stop Deduction

Effective Date: _____

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the designated amount(s) indicated above from my gross earnings each pay period and deposit these funds into my designated retirement account. I understand that this authorization will remain in effect until I submit a new written authorization form changing or terminating this contribution. I acknowledge that it is my responsibility to ensure my total annual contributions do not exceed the limits established by the Internal Revenue Service (IRS).

Employee Signature: _____ Date: _____

PAYROLL DEPARTMENT USE ONLY

Processed By: _____ Date Processed: _____

Pay Period Start:

Signature:
