

# PAYROLL IRA DEDUCTION SETUP

Individual Retirement Account Withholding Authorization

## EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

EMPLOYEE ID / PAYROLL ID

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

DEPARTMENT / DIVISION

## IRA PROVIDER & ACCOUNT INFORMATION

FINANCIAL INSTITUTION / CUSTODIAN NAME

IRA ACCOUNT NUMBER

ROUTING TRANSIT NUMBER (FOR DIRECT DEPOSIT)

ACCOUNT TYPE

Traditional IRA  Roth IRA  SEP IRA

## DEDUCTION & CONTRIBUTION DETAILS

DEDUCTION METHOD

Fixed Dollar Amount (\$)  Percentage (%)

AMOUNT OR PERCENTAGE PER PAY PERIOD

EFFECTIVE DATE

STOP / TERMINATION DATE (OPTIONAL)

## AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the designated amount from my earnings each pay period and transmit these funds to the designated IRA account listed above. This authorization will remain in effect until I submit a written notification to change

or terminate this deduction. I understand that I am solely responsible for ensuring my total annual contributions do not exceed IRS limitations.

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**EMPLOYEE SIGNATURE**

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**DATE**

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**FOR HR & PAYROLL DEPARTMENT USE ONLY**

**PROCESSED BY (NAME)**

**DATE PROCESSED**

**FIRST PAY CYCLE APPLIED**

**SYSTEM REFERENCE / BATCH ID**

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Please retain a copy of this form for your personal financial records.