

NYCAPS AGENCIES ONLY

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM
IRA PAYROLL DEDUCTION ENROLLMENT

SUBMIT COMPLETED FORM TO:
Your Agency's Payroll Officer

www.NYC.gov/payroll

EMPLOYEE INSTRUCTIONS

INITIATE DEDUCTION: CHECK THE "INITIATE DEDUCTION" BOX, COMPLETE SECTION "A" (EMPLOYEE INFORMATION) AND SECTION "C" (EMPLOYEE AUTHORIZATION), HAVE BANK OR FINANCIAL INSTITUTION COMPLETE SECTION "B".

CANCEL DEDUCTION: CHECK THE "CANCEL DEDUCTION" BOX, COMPLETE SECTION "A" (EMPLOYEE INFORMATION) AND SECTION "C" (EMPLOYEE AUTHORIZATION).

BANK OR FINANCIAL INSTITUTION INSTRUCTIONS: COMPLETE SECTION "B" (BANK OR FINANCIAL INSTITUTION INFO)

EMPLOYEE & BANK AUTHORIZATION IS REQUIRED TO INITIATE A DEDUCTION

IRA DEDUCTION ACTION REQUESTED

INITIATE DEDUCTION
(FOR NEW IRA ENROLLMENTS)

CANCEL DEDUCTION
(TO CANCEL IRA DEDUCTIONS PREVIOUSLY REQUESTED)

SECTION A EMPLOYEE INFORMATION			EMPLOYEE REFERENCE NUMBER
NAME LAST	FIRST	MI	<input type="text"/>
ADDRESS			APT / FL
CITY		STATE	ZIP

SECTION B BANK OR FINANCIAL INSTITUTION INFORMATION			ANNUAL GOAL AMOUNT
NAME			\$ <input type="text"/>
ADDRESS			FL / RM
CITY		STATE	ZIP
BANK ROUTING INFORMATION	TRANSIT / ABA NO.	<input type="text"/>	IRA ACCOUNT NUMBER <input type="text"/>

BANK OFFICER / FIRM REPRESENTATIVE INFORMATION

NAME	TELEPHONE NUMBER	EXT.NO.
I CERTIFY THAT THE IRA ACCOUNT NOTED ABOVE IS VERIFIED AND TO THE ABOVE NAMED PERSON		
SIGNATURE	TITLE	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>

SECTION C EMPLOYEE AUTHORIZATION		
I HEREBY REQUEST AND AUTHORIZE THE ABOVE IRA PAYROLL DEDUCTION AMOUNT TO BE SENT TO MY IRA ACCOUNT IN THE BANK OR CUSTODIAN ACCOUNT DESIGNATED HEREIN. I AUTHORIZE THAT, IF THROUGH AN ERROR, OVERPAYMENT IS CREDITED TO MY ACCOUNT, I AGREE THAT MY ACCOUNT MAY BE ADJUSTED BY A DEDUCTION OF THE OVERPAYMENT		
SIGNATURE	TITLE	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>

SECTION D FOR CITY OF NEW YORK NYCAPS AGENCY USE ONLY

DEDUCTION AMOUNT \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	COPY FROM SECTION "B"	ANNUAL GOAL AMOUNT \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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TRANSACTION AUTHORIZATION		I CERTIFY THAT THE ABOVE DATA WAS ENTERED	
DATA ENTERED BY	TELEPHONE NUMBER	NAME	
SIGNATURE	DATE	SIGNATURE	DATE
		MANAGER/SUPERVISOR	