THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM	*EMPLOYEE INSTRUCTIONS*
IRA PAYROLL DEDUCTION ENROLLMENT	*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).
FISA FORM PMS-IRA-01(4/02)	*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

SOCIAL SECURITY NUMBER

NAME (Print)
LAST   FIRST   MI

ADDRESS
NUMBER   STREET NAME OR NUMBER   APT/FL

CITY   STATE   ZIP

SECTION B   BANK OR FINANCIAL INSTITUTION INFORMATION

ANNUAL GOAL AMOUNT

$ _____

BANK NAME (Print)

ADDRESS
NUMBER   STREET NAME OR NUMBER   FL/RM

CITY   STATE   ZIP

BANK ROUTING INFORMATION	TRANSIT / ABA NO.		IRA ACCOUNT NUMBER	

BANK OFFICER / FIRM REPRESENTATIVE INFORMATION

NAME (Print)   TELEPHONE NUMBER ( )   EXT. NO.

I CERTIFY THAT THE IRA ACCOUNT NOTED ABOVE IS VERIFIED AND TO THE ABOVE NAMED PERSON.

SIGNATURE   TITLE   DATE

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

SECTION D   FOR CITY OF NEW YORK AGENCY USE ONLY - USE PMS BUSINESS EVENT 42

DOCUMENT ACTION CODE	DOCUMENT NUMBER	SOCIAL SECURITY NO. KEY FROM SECTION "A"	CD	JSN	PAYROLL NO.
☐ ADD ☐ CANCEL					

EFFECTIVE DATE	MONTH DAY YEAR	DATE OF EXPIRATION	MONTH DAY YEAR	DEDUCTION CODE	DEDUCTION PLAN

DEDUCTION AMOUNT	COPY FROM SECT. "B"	ANNUAL GOAL AMT.	DEDUCTION RATE	NUMBER OF INSTALLMENTS
$ _____ . __	$ _____	__ . _ %	

ACCOUNT NAME	TRANSIT / ABA NO. KEY FROM SECTION "B"	ABA ACCOUNT NO. KEY FROM SECTION "B"

TRANSACTION AUTHORIZATION

TELEPHONE NUMBER ( )   DATE

SIGNATURE

KEY ENTRY OPERATOR

I CERTIFY THAT THE ABOVE DATA WAS ENTERED INTO PMS

BY

DATE