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

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   ☐ ADD   ☐ CANCEL

DOCUMENT NUMBER ☐☐☐☐☐☐☐

SOCIAL SECURITY NO. **KEY FROM SECTION "A"**

CD ☐   JSN ☐   PAYROLL NO. ☐☐☐☐

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