



**Payroll Roth IRA Deduction Authorization Form**

Complete the following information and submit to HR

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Bank or Financial Institution holding my Roth IRA Account: \_\_\_\_\_

Bank or Financial Institution Address: \_\_\_\_\_

\_\_\_\_\_

Bank or Financial Institution Routing #: \_\_\_\_\_

Roth IRA Account #: \_\_\_\_\_

Please deduct the following post-tax amount from my paycheck each pay period: \$ \_\_\_\_\_

For Tax Year: \_\_\_\_\_

Notes / Comments: \_\_\_\_\_

I hereby authorize my employer, Central Coast Alliance for Health (The Alliance) to deposit the above amount into my Roth IRA account at the financial institution(s) (hereinafter referred to as Bank) indicated above. Further, I authorize Bank to accept and to credit entries indicated by The Alliance to my Roth IRA account. In the event that The Alliance deposits funds erroneously into my account, I authorize The Alliance to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Alliance and Bank have received written notice from me of its termination in such time and in such manner as to afford the Alliance and Bank reasonable opportunity to act on it.

\_\_\_\_\_  
**Employee's Signature** **Date**