

**PERA SmartSave Deferred Contribution Plan**  
***Authorization Agreement for ACH Debit and Payroll Reporting Form***

The following form and instructions will be used to establish or make changes to the ACH Debit Service with Voya Financial and/or establish or make changes to the payroll frequency and dates for your contribution files.

Important information regarding ACH Debit Service with Voya Financial:

- This form should be completed only for direct payment from your bank account to fund participant contributions.
- If your Employer uses an ACH Debit Blocking Service to specify which companies are authorized to post ACH debits to your account, please add contact Voya at [ID-NewMexicoPayroll@voya.com](mailto:ID-NewMexicoPayroll@voya.com) for information to provide to your bank.

Form Instructions:

- Complete all applicable sections of the form:
  - Section A: Employer Information
  - Section B: ACH Debit Set Up and Changes
  - Section C: Payroll Reporting
- If you have questions about completing the *Authorization Agreement for ACH Debit and Payroll Reporting Form*, please email Voya at [ID-NewMexicoPayroll@voya.com](mailto:ID-NewMexicoPayroll@voya.com)
- Return completed form to Voya Financial at [ID-NewMexicoPayroll@voya.com](mailto:ID-NewMexicoPayroll@voya.com)
- Please allow a minimum of five (5) business days for processing.

**PERA SmartSave Deferred Contribution Plan  
Authorization Agreement for ACH Debit and Payroll Reporting Form**

**SECTION A - EMPLOYER INFORMATION**

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

**SECTION B – ACH DEBIT SET UP AND CHANGES:**

Check one: Initial set up of ACH Debit  Change ACH Debit

**BANK ACCOUNT CONTACT INFORMATION**

(Please provide the employer location contact should there be an issue with the ACH Debit process.)

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**BANK ACCOUNT INFORMATION**

Name of Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Account Type:  Checking  Savings

Account Title \_\_\_\_\_

Account Number: \_\_\_\_\_

Transit/ABA Routing Number (9 digit number on bottom of checks between “ “ marks): \_\_\_\_\_

**SECTION C - PAYROLL REPORTING:**

Complete this section to provide Vaya information on your payroll dates. The information provided below should be for the pay date that employees are paid.

Check one: Initial set up of Payroll Reporting  Change to Payroll Reporting

**PAYROLL INFORMATION**

Payroll ID: (required for multiple payrolls) \_\_\_\_\_

Payroll Frequency: weekly  bi-weekly  semi-monthly  monthly  other  \_\_\_\_\_

Payroll Date:

If weekly or bi-weekly: Monday  Tuesday  Wednesday  Thursday  Friday

If semi-monthly: what dates? 1<sup>st</sup>-31<sup>st</sup> \_\_\_\_\_ and \_\_\_\_\_

If monthly: what date? 1<sup>st</sup>-31<sup>st</sup> \_\_\_\_\_

If other, please explain: \_\_\_\_\_

**These dates should be based on the first pay date in October 2019.**

Start Date of First Payroll Cycle: (MM/DD/CCYY) \_\_\_\_\_

End Date of First Payroll Cycle: (MM/DD/CCYY) \_\_\_\_\_

Initial Due Date: (Pay date corresponding to the first payroll cycle) (MM/DD/CCYY) \_\_\_\_\_

(If there are multiple payrolls for your employer location, please complete and attach page 4 "Additional Payroll Information".)

**New Roth Deferral Option**

A Roth deferral option is also being added for participants. **If you elect to add Roth, your payroll system must be able to accommodate this additional contribution type.**

Will you offer Roth: Yes  No  If you make no election the default will be No.

**Do you offer Employer Contribution "Match"** Yes  No

If you currently offer any type of employer contribution, please indicate the details of this "match" below.

\_\_\_\_\_

**PAYROLL CONTACT INFORMATION**

(Please provide two (2) contacts for each employer location. These individuals will have access to the payroll reporting system.)

**Contact #1:**

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Contact #2:**

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**AUTHORIZATION**

I have carefully reviewed the banking information above and certify that I am authorized to make this agreement on behalf of my employer. The statements made herein by me are those of my employer. I acknowledge and understand that this agreement is made to provide for the administration of the PERA SmartSave Deferred Compensation Plan (the Plan), the Plan and its representatives will rely on its terms and use the information contained herein.

I understand that the account above will serve as the account of record with Voya Financial for the automatic ACH direct debiting of Participant contributions to the Plan. I understand and agree that my employer is responsible for submitting timely, complete and accurate payroll information and funding the designated account with all contributions required for each payroll concurrently with providing the payroll and contribution data. I authorize Voya to automatically debit the bank account listed above to fund Participant contributions. I understand that Voya will automatically ACH direct debit the designated account as part of its processing of payroll contribution data.

I understand I may change the designated account at any time by notifying Voya in writing, but that such change will only become effective as soon as administratively feasible upon Voya receiving notice of the change.

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL PAYROLL INFORMATION**

(If there are multiple payrolls for your employer location, please complete this page.)

**EMPLOYER INFORMATION**

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

**Payroll Frequency #2**

Payroll Frequency: weekly  bi-weekly  semi-monthly  monthly  other  \_\_\_\_\_

Payroll Date:

If weekly or bi-weekly: Monday  Tuesday  Wednesday  Thursday  Friday

If semi-monthly: what dates? 1<sup>st</sup>-31<sup>st</sup> \_\_\_\_\_ and \_\_\_\_\_

If monthly: what date? 1<sup>st</sup>-31<sup>st</sup> \_\_\_\_\_

If other, please explain: \_\_\_\_\_

**These dates should be based on the first pay date in October 2019.**

Start Date of First Payroll Cycle: (MM/DD/CCYY) \_\_\_\_\_

End Date of First Payroll Cycle: (MM/DD/CCYY) \_\_\_\_\_

Initial Due Date: (Pay date corresponding to the first payroll cycle) (MM/DD/CCYY) \_\_\_\_\_

Current Payroll Vendor: (if manual, please indicate) \_\_\_\_\_

**Payroll Frequency #3**

Payroll Frequency: weekly  bi-weekly  semi-monthly  monthly  other

Payroll Date:

If weekly or bi-weekly: Monday  Tuesday  Wednesday  Thursday  Friday

If semi-monthly: what dates? 1<sup>st</sup>-31<sup>st</sup> \_\_\_\_\_ and \_\_\_\_\_

If monthly: what date? 1<sup>st</sup>-31<sup>st</sup> \_\_\_\_\_

If other, please explain: \_\_\_\_\_

**These dates should be based on the first pay date in October 2019.**

Start Date of First Payroll Cycle: (MM/DD/CCYY) \_\_\_\_\_

End Date of First Payroll Cycle: (MM/DD/CCYY) \_\_\_\_\_

Initial Due Date: (Pay date corresponding to the first payroll cycle) (MM/DD/CCYY) \_\_\_\_\_

Current Payroll Vendor: (if manual, please indicate) \_\_\_\_\_