



PSERS Defined 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 DC Plan payroll reporting.

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 (mandatory and voluntary) and Employer Contributions to the PSERS DC Plan (the “DC Plan”).
- Participant and Employer Contributions to the DC Plan will be paid from the **same** bank account.
- A form of account verification is required (i.e. voided check, deposit slip, statement header, etc.)
- If your school uses an ACH Debit Blocking Service to specify which companies are authorized to post ACH debits to your account, please add **Company/Client ID 0231739115** to your bank’s list of allowable company ID numbers.

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-PSERSS@Voya.com.
- Return completed form (and account verification if applicable) to Voya Financial via fax **(844) 294-2820**
- Please allow a minimum of five (5) business days for processing of ACH change.
- Payroll frequency changes can take up to 2 payroll cycle for the new reoccurring work order to be updated.
 - When completing Section C, please be sure to use a date in the future after the 2 pay cycles it can take to update.



If monthly: what date? 1st-31st _____

If other, please explain: _____

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

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

Initial Due Date: (Paydate corresponding to the first payroll cycle) (MM/DD/CCYY) _____

Current Payroll Vendor: (if manual, please indicate) _____

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

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 PSERS DC Plan ("DC Plan"), and the DC 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 (mandatory and voluntary) and Employer contributions to the DC Plan for all Class T-G, Class T-H, and Class DC participants and for ACH direct debiting of such other amounts that the DC Plan and my employer agree shall be remitted using this account to the DC Plan. I understand and agree that my employer is responsible for submitting timely, complete and accurate payroll and Participant (mandatory and voluntary) and Employer defined contribution data to Voya 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 and also authorize and request this financial institution to accept any adjusting entries initiated by Voya. I understand that Voya will automatically ACH direct debit the designated account as part of its processing of my school's submission of the payroll and contribution data and such other amounts that the DC Plan and my employer agree shall be remitted to the DC Plan using this account.

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.

I understand that the banking information I have provided will serve as my school's PSERS DC Plan account of record only and my PSERS DB Plan account of record remains unchanged. To change my school's DB Plan account of record, I must contact PSERS directly.

Authorized Representative _____

Title _____

Signature _____

Date _____



ADDITIONAL PAYROLL INFORMATION

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

Payroll ID #2: (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? 1st-31st _____ and _____

If monthly: what date? 1st-31st _____

If other, please explain: _____

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

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

Initial Due Date: (Paydate corresponding to the first payroll cycle) (MM/DD/CCYY) _____

Current Payroll Vendor: (if manual, please indicate) _____

Payroll ID #3: (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? 1st-31st _____ and _____

If monthly: what date? 1st-31st _____

If other, please explain: _____

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

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

Initial Due Date: (Paydate corresponding to the first payroll cycle) (MM/DD/CCYY) _____

Current Payroll Vendor: (if manual, please indicate) _____