

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
40 Fountain Street, 1st Floor
Providence, RI 02903 – 1854
Office (401) 222-2203, Fax (401) 222-2430

PAYROLL DEDUCTION AUTHORIZATION FORM

Instructions: Member- Please submit form to your Payroll Department.

Effective immediately, I hereby authorize my employer to deduct and remit to the Employees' Retirement System of Rhode Island \$«Schd_Pymt_Amt» from my monthly payroll until the entire amount of \$«Lumpsum_Prior_Amortized» is paid in full.

I have the right to increase or stop this deduction at any time.

Member Signature

Date (mm/dd/ccyy)

Member Name:

SS#:

I.D. #: