

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
50 Service Avenue, 2nd Floor
Warwick, RI 02886-1021
Office (401) 462-7600 Fax (401) 462-7691
Email: ersri@ersri.org Web Site: www.ersri.org

PAYROLL DEDUCTION AUTHORIZATION FORM

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

Effective immediately, I hereby authorize my employer to deduct and remit to the Employees' Retirement System of Rhode Island \$_____ from my monthly payroll until the entire amount of \$_____ 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. #: