

Instructions: Please submit this form to your Payroll Department.

Please print clearly or type in black ink.

First Name	MI	Last Name
SSN	I.D. Number	

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.

Member Signature	Date of Signature (mm/dd/yyyy)
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Employees' Retirement System of Rhode Island

50 Service Avenue, 2nd Floor
Warwick, RI 02886-1021

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