



Change in Deferred Compensation (ICMA-RC)

Employee Name _____
(Please print)

I authorize my employer to defer _____% or \$_____ from my pay **each pay period** to be contributed to my ICMA-RC account.

Please make this change effective on (choose one):

- The next available payday
- Effective with the paycheck dated on or nearest _____

Employee Signature

Date

For Payroll Use Only: