AUTHORIZATION TO DEFER COMPENSATION
RSA-1 DEFERRED COMPENSATION PLAN

Remit to Payroll Officer

Please Type or Print Using Black Ink

This form is to be used to begin, stop or change deferral amounts. Complete and submit this form to your **Payroll Officer** to begin deferring compensation. **DO NOT SUBMIT THIS FORM TO RSA-1 OR THE RETIREMENT SYSTEMS OF ALABAMA**. If enrolling in RSA-1, please make certain that your notarized **Member Record** form has been submitted to the RSA-1 Deferred Compensation Plan before submitting this form to your Payroll Officer.

TO: **Payroll Officer**

FROM: _____
First Middle/Maiden Last

Social Security Number: _____-_____-_____

Check one:
☐ weekly
☐ bi-weekly
☐ semi-monthly
☐ monthly

Please defer $ _____ from my salary, and remit this
Amount

amount to the RSA-1 Deferred Compensation Plan.

Effective Date*: _____

_____ _____
Date Signature of Employee

*****Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.