



**SCOTT COUNTY
Retirement Plan Payroll Deduction Form**

Authorization to:			
<input type="checkbox"/> Start	<input type="checkbox"/> Stop	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease

Account Type		
<input type="checkbox"/> Tax Deferred 457	<input type="checkbox"/> Roth 457	<input type="checkbox"/> Roth IRA

(Effective date)

I hereby authorize Scott County to deduct \$ _____ per pay period from my compensation for contribution to the retirement account(s) selected on this form. This authorization shall remain in effect until modified or revoked by me in accordance with plan and payroll procedures.

COMPANY: _____ **Mission Square** _____

Initial

I acknowledge that I have received information regarding the retirement account options available through payroll deduction and understand participation and investment decisions are my responsibility. I further understand Scott County does not provide tax, legal, or investment advice.

Employee Printed Name: _____

Employee Signature: _____

Last 4 Digits Social Security Number: _____

Employees Department: _____

Date: _____

HR/Approved By: _____

OFFICE USE ONLY

Payroll Effective: _____
Copy to Payroll: _____

Copy to File: _____
Date Received in HR: _____