



SALARY REDUCTION AUTHORIZATION
For Deferred Compensation Plan

Name: _____ **Employee ID #:** _____ - _____ - _____
Please Print

Department: _____ 10-month Staff
 12-month Staff

Location: Catonsville Dundalk Essex Hunt Valley
 Owings Mills Other _____

PLEASE MAKE REGULAR REDUCTIONS FROM MY SALARY BEGINNING WITH:

The Next Available Payroll Period My Pay Check Dated
(Requires 4 weeks advance notice)

DEFERRED COMPENSATION PLAN:

Type of Transaction Previously established annuity account
 Opening new account (attach Enrollment Application)

These deductions will be taken from 24 pays per year for 12-month staff and from 20 pays per year for 10-month staff (including 10-month paid over 12 months).

\$ _____ per pay for **ING** Deferred Compensation Plan

Signature: _____ **Date:** _____

FOR HUMAN RESOURCES OFFICE USE ONLY:

PDAEDN Entry Completed By: _____ **Date:** _____