

State of Rhode Island
Department of Administration
Office of Accounts and Control

AUTHORIZATION CARD FOR C.O.P.E. PAYROLL DEDUCTION*

Employee's Name (Print)		
Last	First	Initial
Social Security No.	Approp. Acct. No.	Agency Name
Organization Name and Number	Biweekly Amt. To Be Contributed	
	\$	

To State Controller:

This is to authorize you to deduct from my salary each biweekly pay period the amount indicated above and to pay this amount as a bi-weekly contribution to the organization I have designated.

This authorization is to be effective as soon as received by you from this organization and is to remain in effect until I notify this organization in writing 60 days in advance of its cancellation.

I hereby authorize this organization to act as my Agent in the filing of this authorization with the State Controller.

Date Signature of Employee

*To be used only for special groups

Preaudit