CITY OF ROSWELL

MISSION SQUARE <u>ROTH</u> DEDUCTION CHANGE

NAME: _____   **DATE:** _____

1. _____ Please <u>start</u> deduction of **$** _____ **or** _____ **%** per pay period.

- OR -

2. _____ Please <u>change</u> my deduction from **$** _____ to **$**_____ per pay period

Or from _____**%** to_____ **%** per pay period.

- **OR –**

3. _____ Please <u>stop</u> all deductions to my ROTH plan.

Signed: _____

Please complete and return to the Payroll Manager in Human Resources.