

Attn: Gina Lowell  
Post Tax Benefits Coordinator  
Fax (850) 245-4276  
Phone (850) 245-4184

**PAYROLL DEDUCTION AUTHORIZATION**  
Florida Department of Health

**START DEDUCTION** (Credit Union Deductions Only)

Please start my payroll deduction under code \_\_\_\_\_ for \$\_\_\_\_\_.\_\_\_\_\_ effective with my pay warrant dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

**CHANGE DEDUCTION**

Please change my payroll deduction under code \_\_\_\_\_ from \$\_\_\_\_\_.\_\_\_\_\_ to \$\_\_\_\_\_.\_\_\_\_\_ effective with my pay warrant dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Please change my payroll deduction under code \_\_\_\_\_ from \$\_\_\_\_\_.\_\_\_\_\_ to \$\_\_\_\_\_.\_\_\_\_\_ effective with my pay warrant dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

**CANCEL DEDUCTION**

Please stop my payroll deduction under code(s) \_\_\_\_\_ effective with my pay warrant dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
People First ID#

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Human Resource Department ~ 4052 Bald Cypress Way ~ Bin B03 ~  
Tallahassee, FL 32399-1731

