

Attn: Kristen Mitchell
Post Tax Benefits Coordinator
Fax (850) 617-5116
Phone (850) 617-3298

PAYROLL DEDUCTION AUTHORIZATION
Florida Department of Highway Safety & Motor Vehicles

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

Bureau of Personnel Services ~ 2900 Apalachee Pky., MS30 ~ Neil Kirkman Bldg., Room B419 ~ Tallahassee, FL 32399-0500

