

Attn: Karen Virgadamo
Post Tax Benefits Coordinator
Fax (850) 488-7534
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PAYROLL DEDUCTION AUTHORIZATION
Florida Department of Corrections

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 ~ 2601 Blairstone Road ~ Tallahassee, FL 32399-2500



CAPITAL ADMINISTRATIVE SERVICES, INC.