

Attn: Kristen Mitchell
Post Tax Benefits Coordinator
Fax (850) 410-1870
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PAYROLL DEDUCTION AUTHORIZATION
Florida Department of Children & Families
Agency for Persons with Disabilities
(Check One)

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

Office of Human Resources ~ 1317 Winewood Blvd. ~ Bldg. 1, Room 133A ~
Tallahassee, FL 32399-0700

