

Attn: Karen Virgadamo
Post Tax Benefits Coordinator
Fax (850) 414-2362
Phone (850) 413-0788

PAYROLL DEDUCTION AUTHORIZATION
Florida Department of Elder Affairs

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

4040 Esplanade Way ~ Room 360N ~ Tallahassee, FL 32399-7000

