

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



CAPITAL ADMINISTRATIVE SERVICES, INC.