

Attn: Gina Lowell
Post Tax Benefits Coordinator
Fax (850) 410-7903
Phone (850) 410-7194

PAYROLL DEDUCTION AUTHORIZATION
Florida Department of Law Enforcement

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 ~ Room B1091 ~ P.O. Box 1489 ~ Tallahassee, FL 32302-1489



CAPITAL ADMINISTRATIVE SERVICES, INC.