

# PAYROLL DEDUCTION AUTHORIZATION

Florida Department of Children & Families

**\*\*FOR EMPLOYEE USE ONLY\*\***

Attn: Anne Marie Hough  
Post-Tax Benefits Coordinator  
Office of Human Resources

Phone (850) 717-4559  
Employee.Benefits@myflfamilies.com

## 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#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last 5 of SSN

\_\_\_\_\_  
Email