

PAYROLL DEDUCTION AUTHORIZATION

Agency for Persons with Disabilities

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

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

Phone (850) 717-4559
AnneMarie.Hough@apdcares.org

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