

PAYROLL DEDUCTION AUTHORIZATION

Florida Agency for Persons with Disabilities

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

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

Phone (850) 694-0771
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 (Credit Union Deductions Only)

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