# PAYROLL DEDUCTION AUTHORIZATION
## Florida Department of Elder Affairs

*__FOR EMPLOYEE USE ONLY__*


Attn:  Taylor Leonard
       Post-Tax Benefits Coordinator
       Office of Human Resources

       Phone (850) 717-3223
       PostTaxBenefits@elderaffairs.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

_____
People First ID#

_____ -_ _____
Last 5 of SSN

_____
Email

_____
Employee Signature

_____
Date


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