

# PAYROLL DEDUCTION AUTHORIZATION

## Florida Department of Highway Safety & Motor Vehicles

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

Attn: Emily Reker  
Post-Tax Benefits Coordinator  
Bureau of Personnel Services

Phone (850) 933-4731  
PostTaxBenefits@flhsmv.gov

### 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