

Attn: Anne Marie Everton
Post Tax Benefits Coordinator
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PAYROLL DEDUCTION AUTHORIZATION
Florida Department of Transportation

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 / Date

People First ID#

____ - ____ - ____
Social Security Number

Email

Central Personnel Office ~ 605 Suwannee Street ~ MS 50 ~ Tallahassee, FL 32399-0450

