## FLORIDA PREPAID COLLEGE PLAN

STATE OF FLORIDA PAYROLL DEDUCTION AUTHORIZATION FORM



To request payroll deduction for the Florida Prepaid College Plan, please complete, sign and return this form to your POST TAX BENEFITS OFFICE for processing. For assistance call 1-800-552-GRAD (4723).

IMPORTANT! Before you request payroll deduction for the Florida Prepaid College Plan, the beneficiary (student) must have an account. This form is not an application for enrollment in the Florida Prepaid College Plan. You may enroll online at www.florida529plans.com or call 1-800-552-GRAD (4723) for an enrollment kit and application. Once your enrollment application has been processed, you will receive a confirmation package from the program with the account numbers necessary to complete this form.

	PAY CYCLE								
EMPLOYEE'S FIRST/LAST NAME					1				
() EMPLOYEE'S WORK PHONE NUMBER		☐ Monthly (12)							
() EMPLOYEE'S HOME PHONE NUMBER	EMPLOYEE'S SOCIAL SECURITY NUMBER								
MONTHLY DEDUCTION AMOUNT: \$ EMPLOYEE'S PEOPLE FIRST ID NUMBER									
	PREPAID PLAN ACCOUNT NUM								
	☐ TUITION								
	☐ TUITION DIFFEREN								
	☐ DORMITORY								
1ST BENEFICIARY'S FIRST/LAST NAME								<u></u>	
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	☐ TUITION DIFFERENTIAL FEE								Ī
	☐ DORMITORY								
2ND BENEFICIARY'S FIRST/LAST NAME	☐ LOCAL FEE								
	☐ TUITION								
	☐ TUITION DIFFERENTIAL FEE								
	☐ DORMITORY								
3RD BENEFICIARY'S FIRST/LAST NAME	☐ LOCAL FEE								
I authorize my employer to deduct from my payched understand that I may cancel or change my payroll or reason the deduction is not made by my employer at Florida Prepaid College Plan by the 20th of each more above is/are paid in full. NOTE: If you now have an apayroll deduction account until your automatic bank	leduction at any time. If I car s scheduled, I understand th onth. I understand it is my re- automatic bank account with	ncel my payroll deduc at I must submit my sponsibility to cancel	ction, if I to payment(s my payro	erminate ) for the II deduc	e from e abov ction v	emplo e acco vhen th	oymer ount(s ne ac	nt or if s) dire count(	for any ctly to the (s) listed
EMPLOYEE'S SIGNATURE		DATE							
RETURN THIS F	FORM TO YOUR POS	T TAX BENEFI	TS OFF	ICE					
Payroll Deduction Code: 0266 *Effective Warrant Date: Department:		ax Benefits Co	ordinat	or					
Date Initiated:	Telephone:								
Print Name:	0110								

\*ALLOW AT LEAST TWO WEEKS FOR PROCESSING.