

FINANCE DEPARTMENT  
ACCOUNTING DIVISION



**PAYROLL DEDUCTION AUTHORIZATION**

I, \_\_\_\_\_ whose employee number is \_\_\_\_\_, do hereby authorize the City of Jacksonville to deduct a total of \$ **5.00** from my bi-weekly earnings beginning \_\_\_\_\_, for payment to Jacksonville Firefighters Death Benefit fund Inc.  
Name of company

I understand that the City will not terminate, reassign, or change the amount of, the deduction without my written authorization.

For non-City sponsored benefits, the City is not, and does not act as, the agent of the "company". I understand that this deduction is for coverage but is not an employee benefit offered through the City. This coverage has not been reviewed or endorsed by the City. I further understand that only I can authorize any changes to my coverage and that it is my responsibility, using the standard form provided by the City, to notify the City of any change in the amount of the deduction which I have authorized.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_