**AUTHORIZATION FOR PAYROLL DEDUCTION**

**BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICE DEPARTMENT**

 **(Printed Name of Employee)**

**TO: CITY PAYMASTER, CITY OF JACKSONVILLE, FLORIDA**

 **I HEREBY REQUEST THAT YOU DIRECT $5.00 EACH PAYDAY FROM MY**

**EARNINGS TO BE PAID TO THE “TREASURER OF THE JACKSONVILLE POLICE DEATH BENEFIT FUND, INC.” UNTIL FURTHER NOTICE.**

 **THIS DEDUCTION MAY BE TERMINATED BY ME GIVING THE**

**TREASURER OF THE JACKSONVILLE POLICE DEATH BENEFIT FUND, INC. A THIRTY (30) DAY WRITTEN NOTICE IN ADVANCE OF CANCELLATION DATE.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAYROLL**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEDUCTION**

**EMPLOYEE I.D. ## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CODE # 425**