



## Accounts Receivable Debt Payroll Deduction Form

Employee Name: \_\_\_\_\_ PID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Campus/Center: \_\_\_\_\_

I hereby authorize Florida State College at Jacksonville, Payroll Department, to deduct from my wages in the amount of \$\_\_\_\_\_ for each pay cycle until the total amount of \$\_\_\_\_\_ has been deducted in full. These deductions will begin on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and continue until the total debt is paid in full.

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date signed)

**Please forward form to Financial Services Payroll Department (AO-307)**

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### Administrative Office Use Only:

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Processor: \_\_\_\_\_ Deduction Effective Date: \_\_\_\_\_