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: ________________

BRSR Form 44  Revised 3/13/2016