



# POLICE AND FIRE PENSION FUND

ONE WEST ADAMS STREET, SUITE 100

JACKSONVILLE, FLORIDA 32202-3616

*"We Serve. . .and We Protect"*

Telephone (904) 255-7373

Fax (904) 353-8837

## PAYROLL DEDUCTION AUTHORIZATION FORM

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

PHONE # \_\_\_\_\_

### CHANGE OF DEDUCTION:

Please choose one: \_\_\_\_\_ START \_\_\_\_\_ STOP \_\_\_\_\_ CHANGE

Effective \_\_\_\_\_ I authorize the Police and Fire Pension Fund to deduct monies from my pension benefits for the companies listed below. Any discrepancies as to the purpose or amount of these deductions will be settled by me directly with the company.

<u>COMPANY NAME</u>	<u>CODE NO</u>	<u>BI-WEEKLY AMOUNT</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

My signature hereby authorizes the actions requested above with regard to my pension benefits.

\_\_\_\_\_  
SIGNATURE OF PENSIONER

\_\_\_\_\_  
DATE