

POLICE AND FIRE PENSION FUND

One West Adams Street, Suite 100
Jacksonville, Florida 32202-3616

Phone Number (904) 255-7373

Fax Number (904) 353-8837



PAYROLL DEDUCTION AUTHORIZATION FORM

NAME: _____ **DATE:** _____

SOCIAL SECURITY NUMBER: _____ **PHONE:** _____

CHANGE OF DEDUCTION:

(Please check one)

START

STOP

CHANGE

Effective on the date below, 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.

EFFECTIVE DATE: _____

Company Name	Code No.	Bi-Weekly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

SIGNATURE: _____ **DATE:** _____