

FLORIDA COLLEGE INVESTMENT PLAN STATE OF FLORIDA PAYROLL DEDUCTION AUTHORIZATION FORM



Thank you for requesting payroll deduction for the Florida Prepaid College Plan. Please complete, sign and return this form to your PERSONNEL OFFICE for processing. For assistance, call 1-800-552-GRAD (4723).

IMPORTANT! Before you request payroll deduction for the Florida College Investment Plan, the beneficiary (student) must have an account. This form is not an enrollment application. You may enroll online at www.myfloridaprepaid.com or call 1-800-552-GRAD (4723) for an enrollment application. Once your enrollment application has been processed, you will receive a confirmation package from the program. To request payroll deduction for the Florida Prepaid College Plan, you must complete a different form.

EMPLOYEE'S FIRST/LAST NAME

□□□□ — □□ — □□□□□□
EMPLOYEE'S SOCIAL SECURITY NUMBER

□□□□ — □□ — □□□□□□
ACCOUNT OWNER'S SOCIAL SECURITY NUMBER

TOTAL CONTRIBUTION AMOUNT \$ □□□□□.□□

	BENEFICIARY'S SOCIAL SECURITY NUMBER	PERCENTAGE AMOUNT(S)
_____ 1ST BENEFICIARY'S FIRST/LAST NAME	□□□□ — □□ — □□□□□□	□□□% _____
_____ 2ND BENEFICIARY'S FIRST/LAST NAME	□□□□ — □□ — □□□□□□	□□□% _____
_____ 3RD BENEFICIARY'S FIRST/LAST NAME	□□□□ — □□ — □□□□□□	□□□% _____
_____ 4TH BENEFICIARY'S FIRST/LAST NAME	□□□□ — □□ — □□□□□□	□□□% _____
	PERCENTAGE MUST TOTAL	100%

Special Instructions: _____

I authorize my employer to deduct from my bi-weekly monthly paychecks the total deduction amount for the Florida College Investment Plan account(s) listed above. I understand that I may cancel or change my payroll deduction at any time. If I cancel my payroll deduction, if I terminate from employment or if for any reason the deduction is not made by my employer as scheduled, I understand that I must submit my contribution(s) for the above account(s) directly to the Florida College Investment Plan.

EMPLOYEE'S SIGNATURE

DATE

RETURN THIS FORM TO YOUR PERSONNEL OFFICE

STATE PERSONNEL OFFICE USE ONLY

Payroll Deduction code: **0267**

*Effective Warrant Date: _____

Department: _____

Date Initiated: _____ Telephone: _____

Print Name: _____

*ALLOW AT LEAST TWO WEEKS FOR PROCESSING.

PERSONEL MUST MAIL OR FAX A COPY OF THIS COMPLETED FORM TO: FLORIDA COLLEGE INVESTMENT PLAN
P.O. BOX 6567 • TALLAHASSEE, FL 32314-6567
FAX: 850-309-1766