FLORIDA PREPAID COLLEGE PLAN
STATE OF FLORIDA PAYROLL DEDUCTION AUTHORIZATION FORM

FLORIDA PREPAID COLLEGE PLANS
Save today for their tomorrow.

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 Prepaid College Plan, the beneficiary (student) must have an account. This form is not an application for enrollment in the Florida Prepaid College Plan. You may enroll online at www.myfloridaprepaid.com or call 1-800-552-GRAD (4723) for an enrollment kit and application. Once your enrollment application has been processed, you will receive a confirmation package from the program with the account numbers necessary to complete this form.

_____
EMPLOYEE'S FIRST/LAST NAME

(_____)_____ – _____
EMPLOYEE'S WORK PHONE NUMBER

(_____)_____ – _____
EMPLOYEE'S HOME PHONE NUMBER

PAY CYCLES
❑ Biweekly (24)
❑ Monthly (12)

☐☐☐ – ☐☐ – ☐☐☐☐
EMPLOYEE'S SOCIAL SECURITY NUMBER

The payroll deduction amount will reflect your choice of prepaid plan(s) and monthly payments and your employer's pay cycle. It will be calculated by the Florida Prepaid College Board.

		PREPAID PLAN ACCOUNT NUMBER(S)
_____ 1ST BENEFICIARY'S FIRST/LAST NAME	❑ TUITION	☐☐☐☐☐☐☐☐☐☐
	❑ TUITION DIFFERENTIAL FEE	☐☐☐☐☐☐☐☐☐☐
	❑ DORMITORY	☐☐☐☐☐☐☐☐☐☐
	❑ LOCAL FEE	☐☐☐☐☐☐☐☐☐☐
_____ 2ND BENEFICIARY'S FIRST/LAST NAME	❑ TUITION	☐☐☐☐☐☐☐☐☐☐
	❑ TUITION DIFFERENTIAL FEE	☐☐☐☐☐☐☐☐☐☐
	❑ DORMITORY	☐☐☐☐☐☐☐☐☐☐
	❑ LOCAL FEE	☐☐☐☐☐☐☐☐☐☐
_____ 3RD BENEFICIARY'S FIRST/LAST NAME	❑ TUITION	☐☐☐☐☐☐☐☐☐☐
	❑ TUITION DIFFERENTIAL FEE	☐☐☐☐☐☐☐☐☐☐
	❑ DORMITORY	☐☐☐☐☐☐☐☐☐☐
	❑ LOCAL FEE	☐☐☐☐☐☐☐☐☐☐

I authorize my employer to deduct from my paychecks the total deduction amount for the Florida Prepaid College 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 payment(s) for the above account(s) directly to the Florida Prepaid College Plan by the 20th of each month. I understand it is my responsibility to cancel my payroll deduction when the account(s) listed above is/are paid in full.** NOTE: If you now have an automatic bank account withdrawal for your Florida Prepaid College Plan, you cannot establish a payroll deduction account until your automatic bank withdrawal is removed.

_____ EMPLOYEE'S SIGNATURE

_____ DATE

RETURN THIS FORM TO YOUR PERSONNEL OFFICE

STATE PERSONNEL OFFICE USE ONLY

Payroll Deduction Code: 0266
*Effective Warrant Date: _____
Department: _____
Date Initiated: _____ Telephone: _____
Print Name: _____
*ALLOW AT LEAST TWO WEEKS FOR PROCESSING.

PERSONNEL MUST MAIL OR FAX A COPY OF THIS COMPLETED FORM TO:

FLORIDA PREPAID COLLEGE PLAN
P.O. BOX 6567 • TALLAHASSEE, FL • 32314-6567
FAX: 850-309-1766