

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:

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