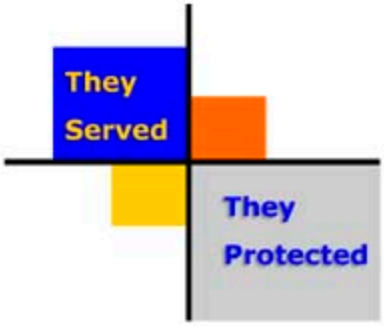

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AUTHORIZATION FOR PAYROLL DEDUCTION ***(This copy is for the city of Jacksonville)***

BY: _____ POLICE DEPARTMENT
(Print on this line your full name.)

TO: CITY PAYMASTER, CITY OF JACKSONVILLE, FLORIDA

MAIL TO OR PRESENT TO: **CITY OF JACKSONVILLE-PAYROLL DIVISION**
117 WEST DUVAL STREET, SUITE # 375A
JACKSONVILLE, FLORIDA 32202

PAYROLL DEDUCTION
CODE # 425

I hereby request that you deduct $5.00 semi-monthly from my earnings to be paid to the
"Treasurer of the Jacksonville Police Fund, Inc." until further notice.
This deduction may be terminated by me giving the treasurer of the
Jacksonville Police Death Benefit Fund, Inc. a thirty (30) day written notice in advance of cancellation date.

SIGN HERE: **x** _____

DATE: _____

SOCIAL SECURITY NUMBER _____ _____ _____ ***(&)*** Employee I.D. Number ____ ____ ____ ____

- **Cut Here** ----------

AUTHORIZATION FOR PAYROLL DEDUCTION ***(This copy is for Jacksonville Police Death Benefit Fund, Inc.)***

BY: _____ POLICE DEPARTMENT
(Print on this line your full name.)

TO: CITY PAYMASTER, CITY OF JACKSONVILLE, FLORIDA

MAIL TO OR PRESENT TO: **Jacksonville Police Death Benefit Fund, Inc.**
P.O. Box 49176
Jacksonville Beach, Florida 32240

PAYROLL DEDUCTION
CODE # 425

I hereby request that you deduct $5.00 semi-monthly from my earnings to be paid to the
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- **Cut Here** ----------