

**PAYROLL DEDUCTION MAINTENANCE**

ACCOUNT NO. \_\_\_\_\_ SSN: \_\_\_\_\_ NAME: \_\_\_\_\_

**PAYROLL SOURCE (Check one v):**

<input type="checkbox"/> FH (Florida Hospital)	<input type="checkbox"/> FPMG (FL Physicians Med Grp)	<input type="checkbox"/> FHCC (Centra Care)	<input type="checkbox"/> SSCI (Sunbelt Sys.)
<input type="checkbox"/> SBCR (Adventist Health Sys- Corp)	<input type="checkbox"/> FCO (FL Conference)	<input type="checkbox"/> SEC (SE Conference)	<input type="checkbox"/> FLNC (FL Living)

*With the exception of FH deductions, a copy of this payroll deduction request must be provided to your payroll department. In addition, please note that if there is a 3<sup>rd</sup> paycheck in any given month, no deductions will occur.*

**OPTIONS (Check one v):**

Cancel my payroll deductions.                       Set up/Modify my payroll deduction as follows:

Total 1<sup>st</sup> check: \_\_\_\_\_

Total 2<sup>nd</sup> check: \_\_\_\_\_

ACCOUNT NUMBER	SUFFIX	AMOUNT	ACCOUNT NUMBER	SUFFIX	AMOUNT

Signature: \_\_\_\_\_

Date: \_\_\_\_\_