

Florida State Employees' Charitable Campaign (FSECC) Pledge Designation and Payroll Deduction Authorization Form



PART 1: FISCAL AGENT

Agency: County: Fiscal Agent Code:

Last Name: Employee No.:

First Name: M.I.:

Division:

Bureau:

Section:

Subsection:

Org Level 6:

Building Name: Room Number:

Email Address: @

I wish to participate in the FSECC and pay my gift by payroll deduction (please choose one of the following):

PAYROLL DEDUCTION (Minimum deduction per pay period is \$2.00 for monthly employees and \$1.00 for biweekly employees)
 Monthly Employees \$ _____ X 12 = \$ _____ (Total Annual Pledge)
NOTE: You must insert the monthly gift from above into the blank authorization space in part 2 of this form.
 Biweekly Employees \$ _____ X 26 = \$ _____ (Total Annual Pledge)
NOTE: You must insert the biweekly gift from above into the blank authorization space in part 2 of this form.

ONE TIME CASH/CHECK DONATION of \$ _____ (make checks payable to FSECC)

ALL CONTRIBUTORS MUST DESIGNATE AT LEAST ONE CHARITY. TO KEEP ADMINISTRATIVE COSTS DOWN, THE MINIMUM ANNUAL AMOUNT PER CHARITY IS \$5.00. THE TOTAL OF YOUR DESIGNATIONS BELOW MUST MATCH YOUR TOTAL PLEDGE ABOVE. SEE FSECC BROCHURE FOR CHARITY CODES.

Charity Code	Amount	Charity Code	Amount	Charity Code	Amount	Charity Code	Amount
	\$		\$		\$		\$

(Contributor's Signature) _____
(Date)

PART 2: PAYROLL OFFICE

Agency: County: Fiscal Agent Code:

Last Name: Employee No.:

First Name: M.I.:

Division:

Bureau:

I authorize the State of Florida to deduct the amount of \$ for each applicable pay period in the coming calendar year beginning in January and ending in December, for a total annual amount of \$

(Contributor's Signature) _____
(Date)