

TREASURER-CLERK RETIREMENT ADMINISTRATION RECOVERY OF EMPLOYEE DEBT AUTHORIZATION FORM

Employee Name: _____

Employee ID No.: _____

I authorize the City to deduct any money owed from one or all the following retirement funds: **Pension**, **MAP/401k**, and **RSVP/457** to resolve any financial obligations I have to the City prior to the issuance of my refund or rollover request.

Employee Signature

Date

Please submit the completed form to the Retirement Office via one of the following options:

- E-mail: Retirement@talgov.com
- Fax: 850-891-8859,
- Mail: Retirement Administration
300 S Adams St, A-30
Tallahassee, FL 32301.

*This document has been signed electronically as authorized by section 668.004, Florida Statutes