

PAYROLL DEDUCTION CANCELLATION FORM

NAME OF EMPLOYER: _____

EFFECTIVE DATE OF CANCELLATION: _____

_____	XXX-XX-	_____
Name of Employee (PRINT)	Social Security #	School Location

I wish to cancel the following payroll deduction(s):

IMPORTANT:

BOTH NAME OF COMPANY
AND DEDUCTION AMOUNT
MUST BE GIVEN BEFORE
CANCELLATION(S) ARE MADE.

<u>NAME OF COMPANY</u>	<u>AMOUNT DEDUCTED</u>	<u>POLICY #</u>
_____	\$ _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee Signature

Date